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EDITOR SPECIAL NOTICE TO ALL AGENCIES

AS OF JANUARY 1, 1978 ALL AGENCIES ARE UNDER THE ILLINOIS ADMINISTRATIVE PROCEDURE ACT.

- A. Per the Administrative Procedure Act Section 7.01, any rule on file with the Secretary of State, on January 1, 1978 shall be *void* 60 days after that date unless within such 60 day period the issuing agency certifies to the Secretary of State that the rule is currently in effect.
- B. SECRETARY OF STATE Rules on Rules

Article III - Rule 3.03

No *Proposed Rules* will be accepted by the Secretary of State, Rules and Regulations unless the proper format is followed - TAKE SPECIAL NOTE:

- 1. If the proposal is a new rule, the full text of the new rule; or
- 2. If the proposal is an amendment to a rule, the full text of the existing rule with proposed changes indicated. Language being deleted shall be indicated by lining through the text and new language shall be indicated by underlining; or
- 3. If the proposal is a repealer, the full text of the rule to be repealed.

If any questions should arise, please feel free to contact:

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ILLINOIS REGISTER

Rules and Regulations of Government Agencies

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NOTICE BY THE DEPARTMENT
OF FINANCIAL INSTITUTIONS
OF THE STATE OF ILLINOIS
OF THE FINAL ADOPTION
AND ISSUANCE OF SCHEDULES
OF MAXIMUM RATES
TO BE CHARGED FOR
CHECK CASHING AND
WRITING OF MONEY ORDERS
BY COMMUNITY AND AMBULATORY
CURRENCY EXCHANGES

PLEASE TAKE NOTICE THAT on January 27, 1978, pursuant to Sections 19 and 19.3 of the Currency Exchange Act of Illinois (Illinois Revised Statutes, Chapter 16 1/2; §§49 and 49.3); Sections 5 and 17 of the Illinois Administrative Procedure Act (Illinois Revised Statutes; Chapter 127; §§1005 and 1017); and the "Rules of Practice and Procedure of the Department of Financial Institutions To Be Followed in the Formulation and Issuance of Schedules of Maximum Rates for Check Cashing and Writing of Money Orders by Community and Ambulatory Currency Exchanges", which Rules became effective on December 2, 1977, the Director of the Department of Financial Institutions (hereinafter referred to as the "Director") issued and formulated "Schedules of Maximum Rates to be Charged for Check Cashing and Writing of Money Orders by Community and Ambulatory Currency Exchanges." Said Schedules of Maximum Rates were filed with the Secretary of State on January 27, 1978. Pursuant to Section 6(c) of the Illinois Administrative Procedure Act (Illinois Revised Statutes, Chapter 127, §1006(c)], said Schedules of Maximum Rates become effective as of February 9, 1978.

Notice of the proposed adoption of these Schedules of Maximum Rates was published in the Illinois Register on December 9, 1977. In accord with that notice, the Director of the Department of Financial Institutions conducted full and open public hearings on the proposed Schedules of Maximum Rates on January 9 and 10, 1978, in Room 1818, State of Illinois Building, 160 North LaSalle Street, Chicago, Illinois and received all written submissions filed by interested parties pursuant to the notice. Before formulating, issuing and adopting said Schedules of Maximum Rates, the Director of the Department of Financial Institutions thoroughly considered all views, comments, arguments and data either offered orally under oath at the public hearings on January 9 and 10, 1978, or submitted in writing by interested parties pursuant to the notice in the Illinois Register on December 9, 1977. The full text of said Schedules of Maximum Rates, which become effective on February 9, 1978, is set forth hereafter.

DESCRIPTION OF THE SUBJECT MATTER AND ISSUES INVOLVED

Set forth hereafter are the "Schedules of Maximum Rates to be Charged for Check Cashing and Writing Money Orders by Community and Ambulatory Currency Exchanges." Such Schedules cover the following subject matter and issues:

- 1. The maximum rates which can be charged by community currency exchanges for check cashing and writing of money orders;
- 2. The maximum rates which can be charged by ambulatory currency exchanges for cashing checks and writing money orders; and
- 3. The maximum rates which can be charged by community currency exchanges for cashing checks which are delivered directly to that currency exchange by the maker or its agent for pick-up by the payee of the check, personally, and which are cashed at the currency exchange by the properly identified payee.

COMPLETE TEXT OF SCHEDULES OF MAXIMUM RATES

ARTICLE I

MAXIMUM RATE
SCHEDULE I
CHECK CASHING
COMMUNITY CURRENCY EXCHANGES

Except for those checks described in Maximum Rate Schedule II, the following is the maximum rate schedule for cashing checks applicable to community currency exchanges:

AMOUNT OF	CHE	CK	MAXIMUM FEE
\$.01	to \$	60.00	\$.65
\$.01 60.01	to	80.00	.85
80.01	to	100.00	1.05
100.01	to	120.00	1.25
120.01	to	140.00	1.45
140.01	to	160.00	1.65
160.01	to	180.00	1.85
180.01	to	200.00	2.05
200.01	to	220.00	2.25
220.01	to	240.00	2.45
240.01	to	260.00	2.65
260.01	to	280.00	2.85
280.01	to	300.00	3.05
300.01	to	320.00	3.25
320.01	to	340.00	3.45
340.01	to	360.00	3.65
360.01	to	380.00	3.85
380.01	to	400.00	4.05
400.01	to	420.00	4.25
420.01	to	440.00	4.45
440.01	to	460.00	4.65
460.01	to	480.00	4.85
480.01	to	500.00	5.05
500.01	to	520.00	5.25
520.01	to	540.00	5.45
540.01	to	560.00	5.65
560.01	to	580.00	5.85
580.01	to	600.00	6.05
600.01	to	620.00	6.25
620.01	to	640.00	6.45
640.01	to	660.00	6.65
660.01	to	680.00	6.85
680.01	to	700.00	7.05
700.01	to	720.00	7.25
720.01	to	740.00	7.45
740.01	to	760.00	7.65
760.01	to	780.00	7.85 8.05
780.01	to	800.00	8.25
800.01	to	820.00	8.45
820.01	to	840.00	8.65
840.01	to	860.00	8.85
860.01	to	880.00	9.05
880.01	to	900.00	9.25
900.01	to	920.00	9.45
920.01	to	940.00	9.65
940.01	to	960.00	7.00

AMOUNT OF CHECK

MAXIMUM FEE

\$ 960.01 to \$ 980.00 980.01 to 1,000.00

\$ 9.85 10.05

OVER \$1,000.00 - 1% of the face value of the check + \$.15

ARTICLE II

MAXIMUM RATE SCHEDULE II DIRECT DELIVERY CHECKS COMMUNITY CURRENCY EXCHANGES

- A. For the purpose of Maximum Rate Schedule II, "direct delivery checks" are defined as those checks
 - 1. which are subject to an agreement between the maker or its agent and the community currency exchange by which the maker or its agent delivers the checks to the community currency exchange for pick-up by the payee after display by the payee of the requisite identification prescribed by the maker or its agent; and
 - which are cashed by the payee at the currency exchange to which they have been delivered.
- B. The following is the maximum rate schedule for cashing direct delivery checks applicable to community currency exchanges:

AMOUNT	OF CHE	CK	MZ	AXIMUM FEE
\$.0 20.0 40.0 60.0 80.0 100.0 120.0 140.0 160.0 200.0	1 to	\$ 20.0 40.0 60.0 80.0 100.0 120.0 140.0 160.0 200.0 220.0	0 \$ 0 0 0 0 0 0 0 0 0 0 0 0	.10 .30 .50 .70 .90 1.10 1.30 1.50 1.70 1.90 2.10
220.0 240.0 260.0 280.0	l to	240.0 260.0 280.0 300.0	0	2.30 2.50 2.70 2.90

For all direct delivery checks in excess of \$300.00, the maximum fee is \$3.00.

ARTICLE III

MAXIMUM RATE
SCHEDULE III
MONEY ORDERS
COMMUNITY AND AMBULATORY
CURRENCY EXCHANGES

The following is the maximum rate schedule for writing money orders applicable to community currency exchanges and ambulatory exchanges:

AMOUNT OF MONEY ORDER	MAXIMUM FEE
\$.01 to \$ 10.00 10.01 to 50.00 50.01 to 300.00	\$.50 .70 .90
OVER \$300.00	1.10

ARTICLE IV

MAXIMUM RATE SCHEDULE IV CHECK CASHING AMBULATORY CURRENCY EXCHANGES

The following is the maximum rate schedule for cashing checks applicable to ambulatory currency exchanges:

AMOUNT OF	CHI	ECK	MAXIMUM FEE
\$.01	to	\$ 60.00	\$.40
60.01	to	80.00	
80.01	to	100.00	.50
100.01	to	120.00	.60
120.01	to	140.00	.70
140.01	to	160.00	.80
160.01	to	180.00	.90 1.00
180.01	to	200.00	
200.01	to	220.00	1.10
220.01	to	240.00	1.20
240.01	to	260.00	1.30
260.01	to	280.00	1.40
280.01	to	300.00	1.50 1.60
300.01	to	320.00	1.70
320.01	to	340.00	1.80
340.01	to	360.00	1.90
360.01	to	380.00	2.00
380.01	to	400.00	2.10
400.01	to	420.00	2.20
420.01	to	440.00	2.30
440.01	to	460.00	2.40
460.01	to	480.00	2.50
480.01	to	500.00	2.60
500.01	to	520.00	2.70
520.01	to	540.00	2.80
540.01	to	560.00	2.90
560.01	to	580.00	3.00
580.01	to	600.00	3.10
600.01	to	620.00	3.20
620.01	to	640.00	3.30
640.01	to	660.00	3.40
660.01	to	680.00	3.50

AN	MOUNT OF	CHE	<u>CK</u>	MAXIM	UM FEE
				.	0
\$	680.01	to :	•	\$ 3.6	
	700.01	to	720.00	3.7	
	720.01	to	740.00	3.8	0
	740.01	to	760.00	3.9	0
	760.01	to	780.00	4.0	0
	780.01	to	800.00	4.1	.0
	800.01	to	820.00	4.2	0
	820.01	to	840.00	4.3	0
	840.01	to	860.00	4.4	0
	860.01	to	880.00	4.5	0
	880.01	to	900.00	4.6	0
	900.01	to	920.00	4.7	0
	920.01	to	940.00	4.8	0
	940.01	to	960.00	4.9	0
	960.01	to	980.00	5.0	0
	980.01		1,000.00	5.1	.0
			•		

OVER \$1,000.00 - 1/2 of 1% the face amount of the check + \$.15.

ARTICLE V: EFFECTIVE DATE

The Schedules of Maximum Rates to be Charged for Check Cashing and Writing Money Orders by Community and Ambulatory Exchanges are effective as of February 9, 1978.

CERTIFICATION OF RULES

I, Edgar F. Callhan, Director of the Department of
Financial Institutions of the State of Illinois, hereby certify
that the attached hereto is a true and correct copy of ARTICLE
I through ARTICLE V, inclusive, of Schedules of Maximum Rates
to be Charged for Cashing Checks and Writing Money Orders by

Community and Ambulatory Currency Exchanges, which were duly issued and adopted by me on January 27, 1978. Pursuant to Section 6(c) of the Illinois Administrative Procedure Act [Illinois Revised Statutes, Chapter 127; Section 1006(c)], said Schedules of Maximum Rates are effective as of February 9, 1978.

The statutory authority for the issuance and adoption of these Rates is Sections 19 and 19.3 of the Currency Exchange Act of Illinois (Illinois Revised Statutes; Chapter 16 1/2; Sections 49 and 49.3); and Sections 5, 6(c) and 17 of the Illinois Administrative Procedure Act (Illinois Revised Statutes; Chapter 127; Sections 1005, 1006(c) and 1017).

Dated this 27th day of January, 1978.

/s/ Edgar F. Callahan
Edgar F. Callahan,
Director,
Department of Financial
Institutions,
State of Illinois

NOTICE BY THE ILLINOIS POLLUTION CONTROL BOARD

OF THE PROPOSED AMENDMENT OF THE RULES AND

REGULATIONS GOVERNING WATER POLLUTION

(CHAPTER 3) AS THEY EFFECT THE

CONSTITUENT CYANIDE

NOTICE

PLEASE TAKE NOTICE THAT pursuant to Sections 5, 11-13 [Title 3: Water Pollution], and 26-29 [Title 7: Regulations] of the Illinois Environmental Protection Act, Illinois Revised Statutes, Chapter 111-1/2, §§1001 et seq. (1977), the Pollution Control Board has proposed to amend the Water Pollution Regulations, Chapter 3 of the Board's Rules and Regulations as they pertain to the constituent cyanide. The proposed regulations have been docketed R74-15, -16, Water Pollution Control Amendments: Cyanide.

DESCRIPTION OF THE SUBJECT MATTER AND ISSUES INVOLVED

This proposed final action will amend the existing water quality, effluent and sewer discharge standards for cyanide, for general use waters, secondary contact and indigenous aquatic life waters, Lake Michigan and all sewage works operated by counties, sanitary districts, municipalities and public utilities in The initial proposals to amend the Water Pollution Regulations regarding cyanide were received from Republic Steel and the Illinois Petroleum Council in 1974; various additional proposals have been received from the Environmental Protection Agency, the United States Environmental Protection Agency, the Illinois Institute for Environmental Quality, the Metropolitan Sanitary District of Greater Chicago and various other Industry and Governmental entities. Although none of those proposals are now proposed by the Board in their entirety for final adoption, the Board has incorporated portions of several -- with some modification -- in its proposed amendments.

The proposed cyanide regulations, the full text of which is set forth hereafter, amend the current Water Pollution Regulations in the following manner:

- 1. Rule 203(f) of Chapter 3 previously set a water quality standard for general use waters of 0.025 milligrams per liter; the Board's proposal substitutes a water quality standard of 0.10 milligrams per liter for general use waters, and specifically denotes the constituent as total cyanide.
- 2. Rule 205 of Chapter 3 previously set a water quality standard of 0.025 milligrams per liter for "secondary contact and indigenous aquatic life" waters; the Board proposes to change that standard to 0.30 milligrams per liter until July 1, 1983, and 0.10 milligrams per liter thereafter.
- 3. Rule 206(c), which previously had no specific water quality standard for cyanide, regulates water quality in Lake Michigan; the Board proposes to add a limitation of 0.025 milligrams per liter for cyanide.
- 4. Rule 408(a) previously set an effluent standard of 0.025 milligrams per liter for cyanide; the Board proposes to change that effluent standard to 0.10 milligrams per liter for discharges to general use waters, 0.30 milligrams per liter for discharges to secondary contact and indigenous aquatic life waters until July 1, 1983, 0.10 milligrams per liter for discharges to secondary contact and indigenous aquatic life waters after July 1, 1983, and 0.30 milligrams per liter as a permanent standard for discharges by the Metropolitan Sanitary District of Greater Chicago's Calumet Sewage Treatment Plant; the Board also proposes to adopt for cyanide discharges an averaging technique for compliance monitoring proposed by the Illinois Effluent Standards Advisory Group and the Illinois Institute for Environmental Quality.
- 5. Rule 703 previously set a specific limitation of 0.025 milligrams per liter for cyanide discharges to sewers, with the proviso that additional amounts of cyanide (up to 10 milligrams per liter total cyanide and 2 milligrams per liter "readily releasable" cyanide) could be discharged if permitted under certain circumstances; the Board proposes to set the latter standard for normal circumstances, without any permit requirement,

and allow greater amounts of cyanide to be discharged to sewers if permitted by the Illinois Environmental Protection Agency upon a finding that effluent standards will not be violated and sewer workers will be protected; the Board also proposes to allow sewer owners or operators to set more stringent cyanide limits on sewer discharges.

The Pollution Control Board held more than 15 public hearings throughout the state on the environmental and economic impact of the various proposals, and has received thousands of pages of testimony and documentary exhibits to date. The principal issues covered at hearings concerned cyanide discharges from steel mills, oil refineries, metal plating establishments and sanitary districts, with limited evidence presented concerning other, lesser sources of cyanide. The major issues were:

- differentiation between "total", "free", "complex" and other chemical forms of cyanide;
- 2. the formation of cyanide or cyanide compounds in industrial and non-industrial situations;
- the fates of various cyanide compounds in the environment, including photodissociation of complex cyanides;
- 4. the acute and chronic toxicity to aquatic life of various cyanide forms and compounds, with some discussion of human toxicity;
- 5. the availability of methods for the removal of cyanide forms and compounds from wastewaters at very low concentrations;
- 6. the availability of acceptable testing methods for the detection of and differentiation among various cyanide forms and compounds;
- 7. the existence and causes of special problems with meeting existing or proposed effluent standards;
- 8. the advisability of using certain averaging techniques for compliance monitoring with regard to cyanide, using certain proposals from another Pollution Control Board regulatory proceeding, docket No. R76-21, taking into account "good engineering practice", protection of the environment and economic factors; and

9. the economics and economic impact (macro and micro) of compliance with various cyanide standards, taking into account both costs and benefits.

The last of those issues was the subject of special separate hearings, held pursuant to P.A. 79-790, amending the Environmental Protection Act, Ill.Rev.Stat., Ch. 111-1/2, §§1001 et seq. (1977).

TIME, PLACE AND MANNER IN WHICH ALL INTERESTED PERSONS MAY PRESENT THEIR VIEWS CONCERNING THE PROPOSED AMENDMENTS TO THE WATER POLLUTION REGULATIONS PERTAINING TO THE CONSTITUENT CYANIDE

All interested persons are invited to submit their views concerning the proposed action by filing written comments with the Clerk of the Board at the following address:

ILLINOIS POLLUTION CONTROL BOARD 309 W. Washington Street Room 300 Chicago, Illinois 60606

Comments may be filed either in person or by mail. The record of this proceeding, including the transcripts and exhibits, is available for inspection and/or copying at the Board's office as is a draft Opinion detailing the Board's reasoning in proposing adoption of these amendments. All comments, Motions or other documents should be filed within 45 days of the date of publication of this issue of the Illinois Register. The Board's Offices are open from 8:30 a.m. to 5:00 p.m., except for weekends and State holidays.

COMPLETE TEXT OF THE PROPOSED AMENDMENTS TO POLLUTION CONTROL BOARD WATER POLLUTION REGULATIONS AS THEY PERTAIN TO THE CONSTITUENT CYANIDE FOLLOWS HEREAFTER:

PROPOSED AMENDMENTS TO CHAPTER 3: WATER POLLUTION AS IT PERTAINS TO THE CONSTITUENT CYANIDE

1. Rule 203 of Chapter 3: Water Pollution, Pollution Control Board Rules and Regulations, insofar as it pertains to cyanide, shall be amended as follows:

203 General Standards

The General Standards listed below will protect the State's water for aquatic life, agricultural use, primary and secondary contact use, and most industrial uses, and ensure the aesthetic quality of the State's aquatic environment. Except as otherwise provided in this Chapter, all waters of the State shall meet the following standards:

- (a) Freedom from unnatural sludge or bottom deposits, floating debris, visible oil, odor, unnatural plant or algal growth, unnatural color or turbidity, or matter in concentrations or combinations toxic or harmful to human, animal, plant or aquatic life of other than natural origin.
- (b) pH (STORET number 00400) shall be within the range of 6.5 to 9.0 except for natural causes.
- (c) Phosphorus (STORET number 00665): Phosphorus as P shall not exceed 0.05 mg/l in any reservoir or lake, or in any stream at the point where it enters any reservoir or lake.
- (d) Dissolved oxygen (STORET number 00300) shall not be less than 6.0 mg/l during at least 16 hours of any 24 hour period, nor less than 5.0 mg/l at any time.
- (e) Radioactivity:
 - (1) Gross beta (STORET number 03501) concentration shall not exceed 100 pico curies per liter (pCi/1).
 - (2) Concentrations of radium 226 (STORET number 09501) and strotium 90 (STORET number 13501) shall not exceed 1 and 2 pico curies per liter respectively.

(f) The following levels of chemical constituents shall not be exceeded:

CONSTITUENT	STORET NUMBER	CONCEN- TRATION (mg/1)
Ammonia Nitrogen (as N) Arsenic (total) Barium (total) Boron (total) Cadmium (total) Chloride Chromium (total hexavalent) Chromium (total trivalent) Copper (total) Cyanide (total) Fluoride Iron (total) Lead (total) Manganese (total) Mercury (total) Nickel (total) Phenols Selenium (total) Silver (total) Sulfate Total Dissolved Solids Zinc	00610 01000 01005 01020 01025 00940 01032 01033 01040 00720 00950 01045 01049 01055 71900 01065 32730 01145 01075 00945 00515 01090	1.5 1.0 5.0 1.0 0.05 500. 0.05 1.0 0.02 0.025 0.02 0.025 0.10 1.4 1.0 0.1 1.0 0.1 1.0 0.0005 1.0 0.0005 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0

⁽g) Based on a minimum of five samples taken over not more than a 30-day period, fecal coliforms (STORET number - 31616) shall not exceed a geometric mean of 200 per 100 ml, nor shall more than 10% of the samples during any 30-day period, exceed 400 per 100 ml.

⁽h) Any substance toxic to aquatic life shall not exceed 1/10th of the 96-hour median tolerance limit (96-hr. TLm) for native fish or essential fish food organisms except for U.S.E.P.A. registered pesticides

approved for aquatic application and applied pursuant to the following conditions:

- (i) Application shall be made in strict accordance with label directions;
- (ii) Applicator shall be properly certified under the provisions of the Federal Insecticide Fungicide, and Rodenticide Act, 7 U.S.C. 135 et seq. (1972);
- (iii) Applications of aquatic pesticides must be in accordance with the laws, requlations and guidelines of all state and federal agencies authorized by law to regulate, use, or supervise pesticide applications, among which are included the Illinois Department of Conservation pursuant to Ill.Rev.Stat. Ch. 56 SS 1.1-250 (1976); the Illinois Department of Agriculture and the Illinois Department of Public Health pursuant to Ill. Rev.Stat. Ch. 5 SS 256-267 (1976); and the Illinois Natural History Survey pursuant to Ill.Rev.Stat. Ch. 127 S 58.14 (1976).
 - (iv) No aquatic pesticide shall be applied to waters affecting public or food processing water supplies unless a permit to apply the pesticide has been obtained from the Illinois Environmental Protection Agency. All permits shall be issued so as not to cause a violation of the Act or of any of the Board's rules and regulations. To aid applicators in determining their responsibilities under this subsection, a list of waters affecting public water supplies will be published and maintained by the Agency's Division of Public Water Supplies.
- (i) Temperature [STORET number (F°) 00011 and (C°) 00010]:
 - (1) There shall be no abnormal temperature changes that may adversely affect aquatic life unless caused by natural conditions.

- (2) The normal daily and seasonal temperature fluctuations that existed before the addition of heat due to other than natural causes shall be maintained.
- (3) The maximum temperature rise above natural temperatures shall not exceed 5°F.
- (4) In addition, the water temperature at representative locations in the main river shall not exceed the maximum limits in the following table during more than one percent of the hours in the 12-month period ending with any month. Moreover, at no time shall the water temperature at such locations exceed the maximum limits in the following table by more than 3°F (with respect to the lower DesPlaines River from the I-55 Bridge to its confluence with the Kankakee River four percent of the hours by more than 5°F).

JAN.	FEB.	MAR.	APR.	MAY	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
------	------	------	------	-----	------	------	------	-------	------	------	------

Mississi- ppi River (Wis	•											
Border to Iowa Border) (°F)	45°	45°	57°	68°	78°	85°	86°	86°	85°	75°	65°	52°
Mississippi River (Iowa Border to Alton Lock and Dam) (°F)	45°	45°	5 7°	68°	78°	86°	88°	88°	86°	75°	65°	52°
Mississippi River (So. of Alton Lock & Dam) (°F)	50°	50°	60°	70°	80°	87°	89°	89°	87°	78°	70°	57°

	JAN.	FEB.	MAR.	APR.	MAY.	JUN.	JUL.	AUG.	SEPT.	OCT.	NOV.	DEC.
Ohio River	50°	50°	60°	70°	80°	87°	89°	89°	87°	78°	70°	57°
Wabash River & its inter- state tribu- taries (°F)	50°	50°	60°	70°	80°	90°	90°	90°	90°	78°	70°	5 7°
Lower DesPlaine River from the I-55 Bridge to its conflu- ence with the Kankakee River (°F)	60°	60°	70°	77°	85°	90°	90°	90°	90°	90°	76°	70°
Other Waters	60°	60°	60°	90°	90°	90°	90°	90°	90°	90°	90°	60°
Main Ri	TTOY.	tomp	orat	uras	are	temr	perat	ures	of t	hose	por	tions

Main River temperatures are temperatures of those portions of the river essentially similar to and following the same thermal regime as the temperatures of the main flow of the river.

- (5) The owner or operator of a source of heated effluent which discharges 0.5 billion British thermal units per hour or more shall demonstrate in a hearing before this Board not less than 5 nor more than 6 years after the effective date of these regulations or, in the case of new sources, after the commencement of operation, that discharges from that source have not caused and cannot be reasonably expected to cause significant ecological damage to the receiving waters. If such proof is not made to the satisfaction of the Board, appropriate corrective measures shall be ordered to be taken within a reasonable time as determined by the Board.
- (6) Permits for heated effluent discharges, whether issued by the Board or the Environmental Protection Agency, shall be subject to revision in the event that reasonable future development creates a need for reallocation of the assimilative capacity of the receiving stream as defined in the regulation above.

- (7) The owner or operator of a source of heated effluent shall maintain such records and conduct such studies of the effluents from such source and of their effects as may be required by the Environmental Protection Agency or in any permit granted under the Environmental Protection Act.
- (8) Appropriate corrective measures will be required if, upon complaint filed in accordance with Board rules, it is found at any time that any heated effluent causes significant ecological damage to the receiving stream.
- (9) The preceding temperature provisions regarding the lower DesPlaines River from the I-55 Bridge to its confluence with the Kankakee River shall be null and void after July 1, 1978.
- (10) All effluents to an artificial cooling lake must comply with the applicable provisions of the thermal water quality standards as set forth in Rule 203(i), except when all of the following requirements are met:
 - (aa) All discharges from the artificial cooling lake to other waters of the State comply with the applicable provisions of Rule 203(i)(1-4).
 - (bb) The heated effluent discharged to the artificial cooling lake complies with all other applicable provisions of this Chapter, except Rule 203(i)(1-4).
 - (cc) At an adjudicative hearing, the discharger shall satisfactorily demonstrate to the Board that the artificial cooling lake receiving the heated effluent will be environmentally acceptable, and within the intent of the Act, including, but not limited to:
 - (1) provision of conditions capable of supporting shellfish, fish, and wildlife, and recreational uses consistent with good management practices, and

- (2) control of the thermal component of the discharger's effluent by a technologically feasible and economically reasonable method.
- (dd) The required showing in Rule 203(i) (10) (cc) may take the form of an acceptable final environmental impact statement or pertinent provisions of environmental assessments used in the preparation of the final environmental impact statement, or may take the form of a showing pursuant to §316(a) of the FPCA, which addresses the requirements of Rule 203(i) (10) (cc).
- (ee) If an adequate showing as provided in Rule 203(i)(10)(cc) is found, the Board shall promulgate specific thermal standards to be applied to the discharge to that artificial cooling lake.
- (11) Exceptions to Rule 203(i):
 - (aa) Lake Clinton:

The thermal discharge to Lake Clinton shall meet the following standards and conditions:

- (1) The effluent temperature shall not exceed 96°F.
- (2) All conditions adopted by Board Order in PCB 75-31 (July 31, 1975).
- (bb) Lake Sangchris:

The thermal discharge to Lake Sangchris shall meet the following standards and conditions:

(1) The effluent temperature shall not exceed 99°F. during more than seven (7) percent of the hours in the 12month period ending with any month and shall at no time exceed 111°F.

203.1 Exceptions to Rule 203

- (a) The fluoride standard of Rule 203(f) shall not apply to waters of the State which:
 - (1) receive effluent from the mines and mills of the fluorspar mining and concentrating industry, and
 - (2) have been designated by the Illinois State Water Survey as streams which once in ten years have an average minimum seven day low flow of zero.

Such waters shall meet the following standard with regard to fluoride:

Constituent	Storet Number	Concentration (mg/1)
Fluoride	00950	5

- 2. Rule 205 of Chapter 3: Water Pollution, Pollution Control Board Rules and Regulations, shall be amended by addition of a new subpart "(g)", as follows:
- 205 Secondary Contact and Indigenous Aquatic Life Standards
 Waters designated in Part III of this Chapter for Restricted
 use shall meet the following standards:
 - (a) Freedom from unnatural sludge or bottom deposits, floating debris, visible oil, odor, unnatural plant or algal growth, or unnatural color or turbidity.
 - (b) pH (STORET number 00400) shall be within the range of 6.0 to 9.0 except for natural causes.
 - (c) Dissolved oxygen (STORET number 00300) shall not be less than 3.0 mg/l during at least 16 hours in any 24-hour period, nor less than 2.0 mg/l at any time, and after December 31, 1977 shall not be less than 4.0 mg/l at any time.
 - (d) Based on a minimum of five samples taken over not more than a 30-day period, fecal coliforms (STORET number -31616) shall not exceed a geometric mean of 1,000 per

100 ml, nor shall more than 10% of the samples during any 30-day period exceed 2,000 per 100 ml.

- (e) Concentrations of other substances shall not exceed the applicable effluent standards prescribed in Part IV of this Chapter.
- (f) Temperature (STORET numbers (F°) 00011 and (°C) 00010) shall not exceed 93°F (34°C) more than 5% of the time, or 100°F (37.8°C) at any time.
 - (g) Cyanide (total) shall not exceed 0.30 mg/l at any time before July 1, 1983, or 0.10 mg/l at any time after July 1, 1983.
- 3. Rule 206 of Chapter 3: Water Pollution, Pollution Control Board Rules and Regulations, insofar as it sets specific water quality standards for certain chemical constituents, shall be amended by addition of a water quality standard for cyanide, as follows:

206 Lake Michigan

The waters of Lake Michigan shall meet the following standards in addition to the General and Public and Food Processing Water Supply Standards:

- (a) Dissolved oxygen (STORET number 00300) shall not be less than 90% of saturation except due to natural causes.
- (b) pH (STORET number 00400) shall be within the range of 7.0 to 9.0 except for natural causes.
- (c) The following levels of chemical constituents shall not be exceeded:

CONSTITUENT	STORET NUMBER	CONCEN- TRATION (mg/1)
Ammonia Nitrogen	00610	0.02
Chloride	00940	12.0
Cyanide (total)	00720	0.025 mg/l

CONSTITUENT	STORET NUMBER	CONCEN- TRATION (mg/1)
Sulfate	00945	24.0
Phosphorus (as P)	00665	0.007
Total Solids (Dissolved)	00515	180.0

- (d) Based on a minimum of five samples taken over not more than a 30-day period, fecal coliforms (STORET number 31616) shall not exceed a geometric mean of 20 per 100 ml.
- (e) Temperature (STORET numbers (°F) 00011 and (°C) 00010):
 - (1) (A) All sources of heated effluents in existence as of January 1, 1971 shall meet the following restrictions outside of a mixing zone which shall be no greater than a circle with a radius of 1000 feet or an equal fixed area of simple form.
 - (i) There shall be no abnormal temperature changes that may affect aquatic life.
 - (ii) The normal daily and seasonal temperature fluctuations that existed before the addition of heat shall be maintained.
 - (iii) The maximum temperature rise at any time above natural temperatures shall not exceed 3°F. In addition, the water temperature shall not exceed the maximum limits (°F) indicated in the following table:

JAN.	45	JUL.	80
FEB.	45	AUG.	80
MAR.	45	SEPT.	80
APR.	55	OCT.	65
MAY	60	NOV.	60
JUNE	70	DEC.	50

- (B) The owner or operator of a source of heated effluent which discharges 0.5 billion British Thermal Units per hour (BTU/HR.) or more shall demonstrate in a hearing before this Board not less than five nor more than six years after the adoption of this regulation, that discharges from that source have not caused and cannot be reasonably expected in future to cause significant ecological damage to the Lake. If such proof is not made to the satisfaction of the Board, backfitting of alternative cooling devices shall be accomplished within a reasonable time as determined by the Board.
- (C) The owner or operator of a source of heated effluent shall maintain such records and conduct such studies of the effluents from such source and of their effects as may be required by the Environmental Protection Agency or in any permit granted under the Environmental Protection Act.
- (D) Backfitting of alternative cooling facilities will be required if, upon complaint filed in accordance with Board rules, it is found at any time that any heated effluent causes significant ecological damage to the Lake.
- (2) Any effluent source under construction as of January 1, 1971, but not in operation, shall meet all the requirements of Section 1 of this regulation and in addition shall meet the following restrictions:
 - (A) Neither the bottom, the shore, the hypolimnion, nor the thermocline shall be affected by any heated effluent.
 - (B) No heated effluent shall affect spawning grounds or fish migration routes.
 - (C) Discharge structures shall be so designed as to maximize short-term mixing and thus to reduce the area significantly raised in temperature.

- (D) No discharge shall exceed ambient temperatures by more than 20°F.
- (E) Heated effluents from more than one source shall not interact.
- (F) All reasonable steps shall be taken to reduce the number of organisms drawn into or against the intakes.
- (G) Cleaning of condensers shall be accomplished by mechanical devices. If chemicals must be used to supplement mechanical devices, the concentration at the point of discharge shall not exceed the 96-hour TLm for fresh water organisms.
- (3) (A) No source of heated effluent which was not in operation or under construction as of January 1, 1971 shall discharge more than a daily average of 0.1 billion BTU/Hr.
 - (B) Sources of heated effluents which discharge less than a daily average of 0.1 billion BTU/Hr. not in operation or under construction as of January 1, 1971 shall meet all requirements of Sections 1 and 2 of this regulation.
- 4. Rule 408 of Chapter 3: Water Pollution, Pollution Control Board Rules and Regulations, insofar as it pertains to cyanide, shall be amended as follows:

408 Additional Contaminants

(a) The following levels of contaminants shall not be exceeded by any effluent:

CONSTITUENT	STORET NUMBER	CONCEN- TRATION (mg/1)
Arsenic (total) Barium (total) Cadmium (total)	01002 01007 01027	0.25 2.0 0.15

CONSTITUENT	STORET NUMBER	CONCEN- TRATION (mg/l)
Chromium (total hexavalent) Chromium (total trivalent) Copper (total) Cyanide (total) Fluoride (total) Iron (total) Iron (dissolved) Lead (total) Manganese (total) Mercury (total) Nickel (total) Oil, fats and greases PH Phenols Selenium (total) Silver Zinc (total) Total Suspended Solids (from sources other than those covered by Rule 404)	01032 01033 01042 00720 00951 01045 01046 01051 01055 71900 01067 00550,00556 00560 00400 32730 01145 01077 01092 00530	0.3 1.0 1.0 0.025 0.10*** 15.0 2.0 0.5 0.1 1.0 0.0005 1.0 15.00** range 5-10* 0.3 1.0 0.1 1.0

- * The pH limitation is not subject to averaging and must be met at all times.
- ** Oil may be analytically separated into polar and nonpolar components. If such separation is done, neither
 of the components may exceed 15 mg/l (i.e., 15 mg/l
 polar materials and 15 mg/l non-polar materials). Compliance with this numerical standard shall be determined
 on the basis of 24 hour composite samples, averaged over
 any monthly period; provided, however, that no single 24
 hour composite shall be greater than 2 times the numerical standard and no grab sample shall be greater than 5
 times the numerical standard.
- *** Discharges to Secondary Contact and Indigenous Aquatic Life Waters shall not exceed 0.30 mg/l at any time before July 1, 1983, or 0.10 mg/l at any time after July 1, 1983, except for discharges from the Calumet Treatment Plant of the Metropolitan Sanitary District of Greater Chicago, which shall not exceed 0.30 mg/l at any time. Compliance

with cyanide effluent limitations shall be determined by 24-hour composite samples averaged over any monthly period; no single 24-hour composite sample shall exceed twice the numerical standard and no instantaneous (grab) sample shall exceed five times the numerical standard.

- (b) Total Dissolved Solids (STORET Number 00515) shall not be increased more than 750 mg/l above background concentration levels unless caused by recycling or other pollution abatement practices, and in no event shall exceed 3500 mg/l at any time; provided, however, this Rule shall not apply to any effluent discharging to the Mississippi River, which, after mixing as set forth in Rule 201, meets the applicable water quality standard for Total Dissolved Solids.
- (c) Compliance with the limitations of this Rule 408 shall be achieved by the following dates:
 - (i) With respect to mercury, by April 25, 1971;
 - (ii) With respect to all other specified contamiinants,
 - (A) New sources shall comply on the effective date of this regulation;
 - (B) Existing sources shall comply by December 31, 1973.
- 5. Rule 703 of Chapter 3: Water Pollution, Control Board Rules and Regulations, shall be amended as follows:
 - 703. Cyanide (STORET number 00720
 - No waste to any public sewer system shall contain eyanide-in-excess-of-0.025-mg/l-any-time-except as-permitted-by-rule-703(b). more than 10 mg/l total cyanide provided any sample tested shall not release more than 2 mg/l of cyanide when tested at a pH of 4.5 and at a temperature of 150°F. for a period of 30 minutes, except as permitted by Rule 703(b).

(b) Upon-application-by-a-county,-municipality,
sanitary-district-or-public-utility-and-approval-by-the-Agency-limited-amounts-of-cyanide
or-cyanogen-compounds-may-be-permitted-to-be
discharged-to-a-county,-municipal-sanitary-district-or-public-utility's-sewer-works.--Total
cyanide-shall-not-exceed-10-mg/l-provided-any
sample-tested-shall-not-release-more-than-2
mg/l-of-cyanide-when-tested-at-a-pH-of-4.5-and
at-a-temperature-of-150°-for-a-period-of-30
minutes---Such-discharges-shall-be-permitted
only-when-the-Agency-has-determined-that-no
violation-of-the-effluent-criteria-of-this
Chapter-will-result-from-such-discharge:

Upon application by a county, municipality, sanitary district or public utility and approval by the Agency, upon determination by the Agency that no violation of the effluent criteria of this Chapter will result and that no hazard to workers in such sewage works will result, limited additional amounts of cyanide exceeding the standards in part (a) of this Rule 703 may be discharged to the sewage works of such county, sanitary district, municipality or public utility.

Nothing in this Rule 703 shall be construed as limiting the authority of any county, municipality, sanitary district or public utility to impose any more stringent standards or limitations on cyanide discharges to its sewage works.

Illinois Department of Public Health - Emergency Adoption of "Guidelines for CT Scanners."

The Guidelines for CT Scanners, adopted by the Illinois Health Facilities Planning Board (as set forth below) were not upon their adoption considered rules. With the adoption of the Administrative Procedure Act and its applicability to the Board, these Guidelines came within the definition of a "Rule" contained in Section 3.09 of that Act. These Guidelines are being filed as emergency rules in order to facilitate the implementation of "Rule #9, Standards and Criteria for Review of Applications for Permit for Technologically Innovative Equipment". One of the prime objectives and reasons for continuing to implement Rule #9 is the containment of health care costs for equipment which is so new that its usefulness is not well enough established to develop specific plans of need. A revised table of contents follows the text of the Guidelines.

GUIDELINES FOR CT SCANNERS

(Adopted by the Illinois Health Facilities Planning Board on September 2, 1977)

This revision of the CT Scanner Guidelines constitutes a status report of the CT TIE Committee, as required under Rule 9.06.2, and represents action taken by the CT TIE Committee following an August 19, 1977, meeting at which testimony was taken from the public regarding the June 1977, GUIDELINES FOR CT SCANNERS. A future status report will be issued within 90 days as required under 9.06.2, and the Committee will issue a progress report with consideration of updating these Guidelines in January, 1978, as required under 9.07.1 and as stated in the June, 1977, GUIDELINES.

I. ASSUMPTION RE CT SCANNERS

The CT Scanner Committee has developed the following Guidelines based on the assumption that all patients who could benefit should have access to CT scanning capability, but that such scanners should be placed where there is sufficient patient load for full-time clinical use. (NOTE: In the remainder of this report the words CT Scanner are used to denote both "head" and "whole body" scanners. The two types of scanners are not differentiated in this report.)

II. GUIDELINES FOR CT SCANNERS (ref. 9.06.1(a)

These Guidelines are presented in the format of Rule 9.06.1, which delineates the charge to the CT TIE Committee.

"9.06.1 The charge to each TIE Committee shall be as follows:

(a) to recommend to the State Board whether the particular equipment referred to the Committee for study should be classified as TIE as defined in Rule 9.03.1;

- (b) to recommend to the State Board the guidelines for evaluating need for initial introduction of TIE in an orderly and economic manner and for such subsequent appropriate phase-in of additional such equipment (if applicable), including:
 - (1') the appropriate number of acquisitions of the TIE to be approved initially; and the number of such acquisitions to be approved for each Health Service Area or combination of such areas";
- A) CT Scanners, both head and whole body scanners, should be classified as TIE.
- B) The appropriate number of acquisitions to be approved initially is one per each 300,000 persons in the Health Service Area; (1)

The source of population is the current Illinois Health Care Facilities Plan, Rule 3, of the Health Facilities Planning Board.

III. GUIDELINES FOR DETERMINING THE LOCATION OF ADDITIONAL SCANNERS (ref. 9.06.1(b) (2

- "9.06.1(b)(2') The appropriate medical and related services which any health care facility proposing to acquire such TIE should have available in order to make effective and appropriate use of such TIE"; (NOTE: This section applies only to those areas which show a need for additional scanners as per 9.06.1(b)(1').)
- A) Training and medical education. Physicians in all specialties (e.g., neurology, surgery) should be familiar with the appropriate use of CT services, and those specializing in diagnostic imaging should acquire expertise in the use and interpretation of CT Scans. Technicians must also have the opportunity to be trained in CT.(2)

(2) Institute of Medicine, <u>COMPUTED TOMOGRAPHIC SCANNING</u>: <u>A POLICY STATEMENT</u>. Washington, D.C., National Academy of Sciences, April, 1977, p. 26.

⁽¹⁾ The TIE Committee will continue to evaluate other methods of assessing need, e.g., incidence of disease among the population, number of other diagnostic procedures currently being performed.

- A full range of diagnostic modalities. CT services, particularly body B) scanning, sometimes complement other diagnostic modalities such as ultrasound, radionuclide scanning, and conventional X-ray. CT is better placed in facilities which have the full range of these services so that inpatients need not be moved nor outpatients inconvenienced by the need to visit several facilities. Clustering complementary modalities also has the advantage that providers become conversant with each modality. The administrative burden is likely to be reduced since the patient receives services from one facility only. this policy would concentrate complex diagnostic services in fewer places, regional transportation systems become particularly important. (3)
- Capability of treating many of the conditions diagnosed by CT procedures. C) CT scanning of both the head and body is capable of diagnosing many conditions which require highly complex treatment and modalities. Therefore, CT equipment should be located in institutions which have the facilities for treating many of the conditions likely to be diagnosed by imaging with $\operatorname{CT}^{(4)}$
- D) Services to both inpatients and outpatients. CT equipment can be used most efficiently in facilities which have an outpatient department as well as inpatient beds. Such a policy suggests that most ambulatory care facilities and physicians' offices are less well suited for CT services. (5)
- Radiation physicist on staff or as a consultant. A staff or consult-E) ant physicist with expertise in the technical aspects of CT scanning is desirable to assure the quality and safety of CT equipment. Consideration should also be given to facilities which include biomedical engineers and computer experts on their staffs. (6)
- A yearly volume (for the most recent 12 month period preceding appli-F) cation) of at least the following procedures:
 - . 1,000 radioisotope brain scans
 - 50 craniotomies
 - 100 cerebral angiograms
 - .50,000 radiographic procedures, including fluoroscopy(7)
- The ability to provide 6 day a week, 65 hour a week, operation plus 24 G) hour emergency service. (8)

Institute of Medicine, COMPUTED TOMOGRAPHIC SCANNING: A POLICY STATEMENT. (3) Washington, D.C., National Academy of Sciences, April, 1977, p. 26.

⁽⁴⁾ ibid., p. 27

⁽⁵⁾ ibid.

⁽⁶⁾ ibid.

Interim Plan for CT Scanning in Indiana, page 5 (7)

⁽⁸⁾ TIE Committee decision

H) A geographic location which assures accessibility to the largest population group currently unserved. (9)

IV. REPORTING REQUIREMENT (ref. 9.06.1(b)(3'))

The applicant hospital must have the ability to report data as required. (10)

V. ADDITIONAL ACQUISITIONS (ref. 9.06.1(b)(4'))

A) Consideration will not be given to additional acquisitions of CT scanners beyond the number calculated according to population data (as specified in paragraph II above) until all CT scanners approved for a Health Service Area are in operation.

"Approved" means all CT scanners for which permits have been issued and remain valid and those allowed on the basis of population.

- B) At the time when all CT scanners approved for a Health Service Area are in operation as per V. A) above, applications for additional acquisitions of CT scanners will be considered, provided that:
 - On an annualized basis (based on a minimum of one quarter's experience) all implace CT scanners are performing at least 2,500 scans, and
 - 2) All implace scanners are being operated at least 65 hours per week and are providing 24 hour emergency service.

Revised Table of Contents on following page.

⁽⁹⁾ HEW Guidelines of June 6, 1974
American College of Radiology Statement on CT, Appendix 1, page 4, April
27, 1977

⁽¹⁰⁾ The TIE Committee will proceed in a timely manner to develop the necessary survey tool.

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RULES FILED UNDER THE AUTHORITY OF THE ILLINOIS HEALTH FACILITIES PLANNING ACT, CHAPTER 111 1/2, PARAGRAPH 1162

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Illinois Department of Public Aid - Proposed Adoption of Rate

Schedules for SNF/PED Payment

The Illinois Department of Public Aid proposes to adopt rate schedules for SNF/PED Payments pursuant to the Illinois Public Aid Code, Illinois Revised Statutes, Chapter 23, Sections 5-7 and 12-13. These rate schedules will appear as an add-on to Rule 4.14 - Group Care Services, Attachment II, pages 32 through 41. The rate schedules have already been filed as emergency Rules effective January 24, 1978.

These rate schedules are being proposed pursuant to Federal statutory and regulatory requirements that mandated revisions in the Department's system for reimburseing skilled nursing and intermediate care facilities. These rate schedules must be implemented, effective for services delivered on or after January 1, 1978.

If any interested persons wish to present their views concerning this intended action, they may do so by sending written comments to the attention of: Mr. Jeffrey C. Miller, Deputy Director, Division of Medical Programs, Illinois Department of Public Aid, 316 South Second Street, Third Floor, Springfield, Illinois 62762. The Department will consider all written comments received by the Department within 45 days beginning on the date of publication of this notice.

The text of the proposed rate schedule is as follows:

RULE 4.14 GROUP CARE SERVICES

General Provisions:

Payment to facilities licensed by the Department of Public Health approved and certified for participation and qualified shall be made to provide medical group care services to public assistance recipients. These facilities include skilled nursing homes (SNF), intermediate care facilities (ICF), intermediate care facilities for mentally retarded (ICF/MR), skilled nursing homes for pediatrics (SNF/PED) and state operated group care facilities.

Initial and continuing need for group care must be established by the Department in cooperation with the recipient, the physician and the family.

Prior approval is a requirement for admission of a recipient to a group care facility.

Challenges of the decision with respect to the determination of the rate of payment or the type of care required for the individual recipient shall be initiated by the recipient or the administrator of the group care facility. The Department will provide the criteria used in determining the type of care required by the recipient.

Management of Recipient Funds

Facilities that maintain a recipient's personal funds must have the recipient's written request. Facilities are required to establish a separate identifiable bank account (individual or group) and a written record of that account. A written

record of the account must be provided to each recipient at least quarterly. Accrued interest on funds must be credited to the recipient's account whether the funds are in an individual or group account.

Recipient funds are not to be spent for items which the facility is required to provide or to improve the real or personal property of the facility. Facilities are required to furnish the Department records of each recipient's personal funds upon request. Advising and counseling the recipient regarding the use of the personal allowance is the responsibility of the Department.

Bed Reserve

Bed reserve for hospitalized recipients will be allowed only when a physician indicates the recipient will be released to the same facility; that it would be traumatic to the patient not to return to the same facility and when there is a shortage of beds within the community. Payment may be approved for a total period not to exceed ten days.

Therapeutic home visits will be allowed where the physician indicates it is therapeutically beneficial to the recipient. Payment may be approved for a total period not to exceed eighteen days during the calendar year. In ICF/MR facilities payment may be approved when ordered by the physician for a period not to exceed seven consecutive days, or ten days per calendar month. With prior approval by the Department, home visits may be extended.

The facility is required to obtain prior approval for all bed holds. Payment for approved bed hold is at a daily rate of two percent of the current monthly rate approved for the recipient.

Basis of Payment

The amount approved for payment for group care is based on the type and amount of services required by and actually being furnished to a recipient and is determined in accordance with the Department rate schedule. The approved Department rate cannot exceed the charges to non-recipients.

A rate exceeding the rate schedule may be approved by the Department for a period not to exceed 60 days, if necessary to affect hospital discharge. Costs not related to patient care, as well as costs in excess of those required for the efficient and economical delivery of care, will not be reimbursed. Examples of non-allowable costs are:

- Any service not related to direct nursing care such as day care, other out-patient care, non-patient meals, and non-patient laundry.
- Any revenue producing amenities such as the gift and coffee shop, barber and beauty shop, and television and radio in the resident's room.
- Any services which the Department pays for separately such as laboratory, radiology, and dental services.
- 4) Cost of items sold to patients or non-patients and the cost of any non-group care restricted drugs.
- 5) Any expenses incurred by the owner or owning corporation which are not nursing care related. Such expenses include the following:

- a) Non-working officer's salary
- b) Compensation to non-working owners
- c) Non-care related interest
- d) Non-care related owner's transaction
- e) Personal expenses of owner
- f) Non-care related fees
- g) Training program for nonemployees
- h) Fines and penalties
- i) Entertainment
- j) Contributions
- k) Owner of key-man life insurance
- 1) Special legal fees
- m) Non-care related patient transportation
- n) Malpractice insurance for individuals
- o) Director's fees
- p) Non-patient related transportation and travel
- q) Bad debts
- 6) Owners compensation in excess of compensation in comparable situations.
- 7) Non-straight line depreciation or depreciation in excess of Medicare guidelines
- 8) Unnecessary interest expense as determined by Health Insurance Manual 15 guidelines.
- 9) Expenses incurred in transactions with related organizations above the cost of the organization providing those services

as specified in Unitied States Department of Health Education and Welfare, Medicare Provider Reimbursement Manual: Health Insurance Manual, Social Security Administration 1974.

Allowable costs of purchases of any item or services from a related organization is restricted to the actual cost of providing the service or the price of comparable service purchased elswhere, whichever is less. All related organizations doing business with the facility, and the specific transactions must be indentified on the cost report.

Facilities are required to submit cost reports annually. Reports must be submitted on uniform cost report forms prescribed by the Department. The completion of cost reports must be by the accural method of accounting. Facilities are required to retain sufficient records to support and verify the cost reports for a minimum of three years following submission of the cost report and to make such information available to both State and Federal staff upon request.

The amount approved for payment of group care is based on three components:

Support costs (administration, dietary, housekeeping, laundry, utilities);

Nursing costs (rehabilitative nursing, social rehabilitation, activity program);

Capital costs (comprising rent or ownership costs).

The Department reimburses for support costs at actual costs up to the 50th percentile of all skilled and intermediate facilities in the

Health Service Area (HSA) including those with no medicaid patients. A facility experiencing support costs at less than the 50th percentile shall be allowed to retain one-half the difference between actual updated support costs and the group ceiling.

The Department reimburses for nursing costs based on geographic area in which the facility is based, the level of care the facility (or distant part thereof) is licensed to provide, and the total point count determined by an evaluation of a recipient's need. Attachment 1 to this rule provides the guidelines on which the point count evaluation is made. Attachment 2 provides the rates paid per point of skilled and intermediate care facilities.

The Department reimburses for capital costs on a group basis related to location and base year. A base year is defined as follows:

- For facilities built or purchased prior to July 1, 1977, the later of year of construction or year of purchase;
- 2) For facilities built July 1, 1977, or later, the year of construction;
- 3) For facilities purchased on or after July 1, 1977, the base year established under (1) above will not change.

The average statewide capital expense for each year is calculated and adjusted for cost differences within geographic areas and the resultant amount is paid to all facilities regardless of actual capital costs. Attachment 3 is a map showing the geographic regions used in determining allowable capital costs. Costs will be reviewed annually with new rates being established for each calendar year.

Cost adjustments will be made on a minimum occupancy standard. Facilities having utlization levels below the standard will have their per patient day cost adjusted as if occupancy were at the standard.

- a) For capital cost a standard of 93 percent occupancy or actual, whichever is larger, is used. Ninety-three percent is the median occupancy for the State.
- b) For operating costs (support and nursing) a standard of actual or one-third of the difference between the actual occupancy and 93 percent, if the occupancy rate is below 93 percent.

On-site audits will be made to verify the accuracy and reasonableness of reported costs.

Any non-exempt income or contributions available to or received by the recipient or the facility from any source on behalf of the recipient must be deducted in determining the amount of payment authorized by the Department.

All facilities providing group care are to provide at no additional charge:

- All the staff, equipment and supplies, including oxygen, required to provide the services needed by the recipients accepted for care by the facility.
- Room and board, supervision and oversight, and laundry services.
- Food substitues and supplements.

Medications which are regularly available without prescription at a commercial pharmacy and which may be stocked by the facility under the Department of Public Health regulations.

Utilization Control

The Department or its designee conducts medical review and utilization review to maintain quality assurance for recipients of group care.

Medical Reviews for Skilled Nursing Facilities and Institutions for Mental Diseases and Independent Professional Reviews for Intermediate Care Facilities are required annual reviews to evaluate:

- Care being provided persons receiving assistance under a state plan;
- 2) adequacy of services available in a particular facility;
- necessity and desirability of continued placement in a particular facility; and
- 4) feasibility of an alternative solution to continued stay in a particular facility.

Utilization Reviews for Intermediate Care Facilities are required semi-annual reviews also evaluate the above listed items. The Independent Professional Review may serve as one of the Utilization Reviews.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I

ICF/MR POINT COUNT GUIDELINES

ICF/MR Guidelines are to be used in Intermediate Care Facilities for the Mentally Retarded (ICF/MR) by the Departments of Public Aid (DPA) and Mental Health and Developmental Disabilities (DMHDD). DMHDD will certify each individual as an ICF/MR client. DPA will then apply these guidelines to each individual certified as an ICF/MR client by DMHDD to evaluate need for care and to determine point count assessment for payment. Points are given, in each area of service listed within the guidelines, on the basis of the highest level of services "required" and received by a client during the evaluation period.

The certification of need for care as an ICF/MR client is to be based on current diagnostic material and clinical judgment. Once a determination is made and a client is certified as an ICF/ MR client, the evaluation for point count assessment is to be based on the results of the DMHDD certification/recertification, consultation with, or written orders from the physician, personal observation of the client, and the facility's record of services provided. In some instances DPA casework staff is required to refer cases to the Regional Medical Assistance Consultant before allowing points. Regional Consultants are free to contact Regional Public Health Nurses, Department of Mental Health staff, or other professional medical or nursing personnel for consultation as needed.

Before applying the ICF/MR Point Count Guidelines, a few symbols, words, and word phrases must be defined. For additional convenience, the defined words and word phrases are then italicized whereever they are used in the Guidelines.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(2)

A single plus (+) in the criteria indicates special program needs for an ICF/MR client. The client must exhibit a need for at least one of these programs to be eligible for ICF/MR certification and recertification.

A double plus (++) in the criteria indicates that special approval is necessary. A written specialized program must first be submitted to the Regional DD Coordinator for recommendations. program and recommendations shall then be forwarded to the Division of Developmental Disabilities for consideration of approval or disapproval. Upon approval the Division shall, in writing, notify the Region/Subregion office of the point assessment. Notification of Division approval shall also be made in writing to the Region/Subregion. DMHDD will notify the lcoal DPA office of the point assessment and effective date of the Specialized Program.

A Structured Learning and Maintenance Program is a systematic attempt to bring about behavioral changes which will maximize the client's ability to function independently. The structured learning program component concerns itself with skill acquisition; the maintenance component concerns itself with the continued performance of a skill once it has been acquired. The structured learning and maintenance program must:

a. Be consistent with the

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(3)

"facility's general program plan," as submitted to the Department of Mental Health and Developmental Disabilities.

- b) Be supervised and conducted by "appropriate staff" as designated in the Minimum Rules and Regulations for ICF/DD.
- c) Include, in written forms in the individual client's record, clearly "defined goals" which detail the desired behavorial outcome.
- d) Include, in wirtten form in the individual client's record, a "systematic plan" for achieving those goals.
- e) Include documentation which indicates the "frequency" of the client's participation in program sessions.

Unstructured Assistance involves staff interaction with the clinet which attempts to bring about behavioral change, but which lacks one or more of the elements required in a structured learning and maintenance program. To qualify under this definition, the staff interaction must meet at least requirements a. and b. of the definitions of a structured learning and maintenance program.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I (4)

. A client may be said to be independent in a given skill if he performs that skill under contingencies similar to those that prevail in the "normal" community.

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- Maintenance is a systematic attempt to encourage the continued performance of a skill.
- A client may be said to require a program if it is determined to the satisfaction of the facility's inderdisciplinary team that he is not independent in a particular skill, and further, that it is indeed desirable for him to acquire that skill.

1) Physical and/or Occupational Therapy

- O Client neither requires nor receives physical therapy and/or occupational therapy.
- 8 Client requires and is receiving physical therapy and/or occupational therapy services supervised by professional therapy staff.

2) Medication

- O Client neither requires nor receives prescribed medication, or the client's condition is such that the physician gives written permission for the resident to handle the medication himself.
- 2 Client requires and receives prescribed medication administered by staff.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I (5)

+5 - Client requires and receives precribed medication which is administered by staff, but the client is also involved in a structured learning and maintenance program directed toward independence in the self-administration of prescribed medication.

3) Special Diet

- O Client neither requires nor receives a special diet which varies from the menu used for the majority of clients in the facility, with or without minor modifications, such as removal of salt or sugar on trays, substitution of salads or desserts, etc. This includes pureed and baby food, or a mechanical (ground) diet.
- 3 Client requires and receives a special diet prescribed by the attending physician and which must be prepared separately from the daily menu. This includes salt free, weighed, or calculated caloric diets, and diets and tube feeding which require the purchase of special foods.

4. Dressings

- O Client neither requires nor receives dressings or additional care because of case, etc., or client requires only an occasional small temporary dressing for minor cuts or abrasions.
- 2 Client requires and receives application of dressings or additional care because of a case, and/or assistance with the application of appliances such as prostheses, braces, and supports.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I (6)

5) Maladaptive Behavior

- O Client neither requires nor receives assistance in controlling maladaptive behavior. He can be reasoned with and can adjust his behavior. On the whole, his behavior is consistantly cooperative. He does not require any special supervision.
- +3 Client requires and receives unstructured assistance in controlling identified maladaptive behavior.
- +8 Client requires and is involved in a structured learning and maintenance program directed toward controlling maladaptive behavior.

6) Social Habilitation and Activities

Social Habilitation and Activities include, but are not limited to the following programs: toileting, bathing, oral hygiene, grooming, dressing and/or undressing, personal possessions, eating, social skills, money management skills, and activities.

- 0 Client neither requires nor receives assistance in social habilitation and activities.
- +3 Client requires and receives unstructured assistance in social habilitation and activities which are supervised by professional habilitation staff.
- +5 Client requres and is involved in a structured learning and maintenance program directed in social habilitation

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I (7)

and activities which are supervised by professional and habilitation staff.

7) Transportation

- O Client neither requires nor receives assistance directed toward independent use of public or non-public transportation.
- +3 Client requires and is involved in a structured learning and maintenance program directed toward independent use of public and non-public transportation.

8) Speech and Hearing

- 0 Client neither requires nor receives assistance, or client is independent in speech and hearing skills.
- +4 Client requires and receives unstructured assistance directed toward independence in speech and hearing skills.
- +6 Client requires and is involved in a structured learning and maintenance program, directed toward independence in speech and hearing skills.

9) Equipment

- Client neither requires nor receives individualized, adaptive equipment.
- +3 Client requires and receives individualized adaptive equipment as part of a structured learning and maintenance program directed toward independence in the use of this equipment.

- RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I (8)
- 10) Specialized Program++
 - +1-8 Program and points may be approved for clients requiring a specialized program for which specific provision has not been made above. (This point assessment must be reevaluated quarterly.)

IDPA RULES

RULE 4.14 GROUP CARE SERVICES (cont.)
ATTACHMENT I (9)

MEDICAL SERVICE PROVISIONS (continued)

EVALUATION OF NEED FOR CARE AND POINT COUNT ASSIGNMENT

The following guidelines are to be used by Department staff to determine point allowances and evaluate the need for care in group care facilities. Points are given, in each area of service listed below, on the basis of the highest level of services required and received by a recipient during the evaluation period. Points are allowed only for services provided by staff of the facility unless otherwise specified, as in the two point allowance in item 11. Points are not allowed for services recipients perform themselves or for services performed by individuals not employed by the facility, except where otherwise specified for individual items.

The evaluation is to be based on consultation with or written orders from the physician, personal observation of the recipient, and the facilities' record of services porvided. In some instances casework staff are required to refer cases to the Regional Medical Assistance Consultant before allowing points or determining placement. Regional consultants are free to contact Regional Public Health Nurses, Department of Mental Health staff, or other professional medical or nursing personnel for consultation as needed.

A pound sign (#) in the criteria identifies services which require care in a skilled nursing facility. In addition, a recipient having a અનુવાનું તું છે. જે જો છે

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(10)

total point count of 25 points or more, on a continuing basis, requires skilled care. An asterisk (*) identifies services which require care in an intermediate care facility. Services not identified by either a pound sign or an asterisk may be provided in sheltered care facilities. Before authorizing care in a group care facility, an evaluation of other, more suitable, arrangements for care must be investigated. Care in a group care facility is to be approved only when there is no appropriate alternative.

1) Eating

- O No point is allowed when the recipient is able to eat independently.
- 1 One point is allowed when the recipient requires assistance in cutting food, buttering bread, placing utensils for blind recipient, etc.
- 2 Two points are allowed when the recipient requires and receives some individual assistance in eating from a staff member. The assistance may vary from complete feeding on some days to partial feeding on others. Also included here is the type of assistance which can be given by a staff member to more than one patient in the same room during the meal.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(11)

MEDICAL SERVICE PROVISIONS (continued)

- 4 Four points are allowed when the recipient requires and receives complete individual attention by a staff member at all meals. The staff member remains in constant attendance at the patient's side throughout mealtime to hand feed the recipient or to insure adequate intake of food.
 - #8 Eight points are allowed when the recipient is unable to take food by mount and tube feeding or gastrostomy feeding are given by licensed nurses on the physician's orders.

2) Mobility

- O No point is allowed when the recipient is independent in movement with or without assistive devices and no assistance is needed to enable him to move from place to place. This includes the recipient who is able to transfer himself to and from a wheelchair.
- *2 Two points are allowed when the recipient is able to move about but needs a staff member to assist him to get into a wheelchair, to begin walking with the walker; or to walk beside him to give assistance, etc.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(12)

May be allowed in a sheltered care facility for a recipient who can move about independently but needs assistance to get into a wheelchair or begin walking with a walker if 1) the facility is determined safe for the resident by IDPH, 2) the resident's quarters are on the first floor, and 3) access to the facility is at grade level or ramps are provided. Prior approval is required from the Regional Medical Assistance Consultant who will verify safety with IDPH.

*3 - Three points are allowed when the recipient is unable to move about under his own power. He must be moved by a staff member. This may consist of pushing the wheelchair or lifting the patient. This also includes the recipient who is able to move except that his size or other physical condition reugires that more than one nursing staff member be at his side to give assistance in moving about.

3) Behavior or Mental Condition

O - No point is allowed for the recipient who is usually able to act in a manner that takes into account his needs and the needs of others and staff. He can be reasoned with and can adjust his behavior. On the whole, his behavior is consistantly cooperative. He is aware of who he is and what is expected of him within the home. He does not require any special supervision.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(13)

MEDICAL SERVICE PROVISIONS (continued)

- Three points are allowed for the recipient who requires occasional supervision from a staff member. He presents problems such as periods of hyperactivity or confusion, occasional strong reactions to frustrations or disappointments, prolonged periods of silence, excessive pacing or sleeping, or inability or unwillingness to interact. During such "ups and downs" he requires temporary support and vigilance from the staff.
- *8 Eight points are allowed for the recipient who requires special and continuous supervision by a licensed nurse. His tolerance is so low and unpredictable that a licensed nurse must be present in the facility at all times.

4) Current Physical Rehabilitation Needs

Rehabilitation nursing consists of services ordered by a physician, such as range of motion exercises, positioning, transfer activities, gait training, parallel bars, pulleys, and training of the aphasic. Bowel and bladder training programs are not included. The acute illnesses and injuries for which 8 or 12 points may be given include fractures of hip, pelvis, and extremities; acute brain trauma (to include spinal cord injuries or neurological disorders, but not to include congenital brain disorders); cerebral vascular accidents with resulting aphasia and/or hemiplegia; amputees requiring pre- and post- prosthetic care and training.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(14)

- 0 No point is allowed for the recipient who does not require rehabilitation or who has no potential for rehabilitation.
- *4 Four points are allowed for the recipient who needs and is receiving rehabilitation nursing services, performed or supervised by a licensed nurse, to maintain current level of function.
 - Habilitation services consist of 4a) services ordered by a physician which are designed to help the individual obtain the highest possible level of functioning. These services may include, but are not limited to, neuro-developmental techniques and sensory motor Conditions for which 12 training. points may be given include physical and mental disabilities or handicaps which are birth-related, congenital or resulting from acute illnesses or injury and which can be expected to continue indefinetely. The 12 points provided for under this item may not be authorized if points under item 4 have been authorized. Items

4 and 4a are mutually exclusive.

*12 - Twelve points are allowed for a recipient who needs and is receiving habilitation and nursing services supervised by professional habilitation staff because of the conditions described above, if the facility has an approved rehabilitation nursing program.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(15)

NOTE: Payment for the services described above are to be authorized only for children under age 18 residing in approved Division 18 group care facilities.

Twelve points are allowed for a recipient who needs and is receiving intensive rehabilitation nursing services supervised by a licensed nurse following selected acute illnesses or injuries within a period of three months following discharge from a hospital or rehabilitation facility.

5) Catheterization (including irrigations)

- 0 No point is allowed when the recipient does not require catheterization or irrigation.
- *4 Four points are allowed when the recipient requires an occasional catheterization for a specimen or treatment, or an indwelling catheter for a short term physical condition.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(16)

*8 - Eight points are allowed when the physician orders a retention catheter to be used continuously. This also includes full care of the catheter and irrigations.

> When a retention catheter is used the patient shall not be considered to be requiring or receiving care because of bladder incontinence under item 6, even though in some instances the patient may be on a bowel and bladder training program for a short period while the catheter is used.

6) Incontinence (Bladder and Bowel)

- 0 No point is allowed when the recipient has complete bladder and bowel control.
- 1 One point is allowed when recipient usually has control except on those infrequent occasions when he has an accident due to nervousness or visitors, on reaction to medications, such as cathartics.
- 2 Two points are allowed when recipient is neither continent nor incontinent; sometimes he has control; other times he has none.
- *6 Six points are allowed when the recipient has no bladder and/or bowel control and he requires care for cleanliness or comfort. This includes the patient who dribbles constantly.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(17)

- *8 Eight points are allowed when the recipient has in the past had no control but is now receiving training through an active bowel and bladder program. The physician has ordered such a program and the nursing care plan for the patient includes this program (maximum length of time -- initial period three months; if successful an additional three months; maximum total six months).
- *8 Eight points are allowed for a recipient who needs and is receiving services to maintain bowel and bladder control following a bowel and bladder training program.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(18)

7) <u>Douches, Enemas and/or Colostomy</u> <u>Irrigations</u>

- O No point is allowed when recipient does not require douches, enemas or colostomy irrigations, or requires and receives such service at infrequent intervals for the treatment of a short-term condition.
- *4 Four points are allowed when the recipient requires and receives a douche, enema and/or colostomy irrigation on a regular basis but less than daily.
- *5 Five points are allowed when the recipient requires and receives a douche, enema and/or colostomy irrigation at least daily.

When enemas are required and given on a regular baiss, the patient is not considered, under item 6, to have bowel incontinence.

8) Diet

O - No point is allowed when the diet ordered by the physician is the menu used for the majority of the patients in the facility, with or

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(19)

without minor modifications, such as removal of salt or sugar on trays, substitution of salads or desserts, etc. This includes pureed and baby food, or a mechanical (ground) diet.

- *3 Three points are allowed when the diet ordered by the attending physician is a specific diet which must be prepared separately from the daily menu. This includes salt free, weighed or calculated caloric diets, and diets and tube feedings which require the purchase of special foods.
- 9) Medications (Oral, Drops, Ointments, Suppositories)

If a need for sheltered care is being considered the caseworker will determine whether the recipient is capable of handling his own medication, based on the physician's order, caseworker's knowledge of the recipient, and his past behavior pattern. The attending physician's order regarding the recipient's ability to selfadminister medications will be the determining factor in deciding whether a recipient can handle his own medications. In instances where a recipient is taking more than two prescribed medications and is residing in a sheltered care facility, or is being considered for referral to a sheltered care facility, and the physician's order for self administration does not list all medications being taken, a listing of all medications prescribed for that individual is to be forwarded to the Regional Medical Assistance Consultant.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(20)

statement of the recipient's condition, including diagnosis, and the caseworker's recommendation regarding the recipient's capability of handling his own medication is to accompany the list of medications. The Regional Medical Assistant Consultant will review the information and advise the county department in those cases where additional contact with the physician is recommended.

Precribed PRN and variable dosage medications, controlled substances, and anticoagulants cannot be self-administered in a sheltered care facility.

- O No point is allowed when medication is not prescribed, or the recipient's condition is such that the physician gives written permission for the resident to handle the medication himself. This includes supervised self-administration in sheltered care facilities.
- *1 One point is allowed for the recipient who requires and receives prescribed medication (oral, drops, ointments, suppositories) administered by staff on a less than daily basis.
- *3 Three points are allowed for the recipient who requires and receives prescribed medication (oral, drops, ointments, suppositories) administered by staff on a regular daily basis.

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(21)

- 10) Injections (Hypodermic and Intramuscular)
 - O No point is allowed when hypodermics or intramuscular injections have not been prescribed by the physician or when a recipient is permitted to self-administer a drug by hypodermic on the written order of the physician.
 - *2 Two points are allowed when hypodermics and/or intramuscular injections are administered on a less than daily basis by a licensed nurse.
 - *4 Four points are allowed when the recipient requires and receives a daily injection of medication by a licensed nurse throughout the evaluation period.
- 11) Intravenous and Subcutaneous Fluids
 - 0 No point is allowed when the recipient does not require intravenous or subcataneous fluids.
 - *2 Two points are allowed when the recipient requires and receives intravenous and/or subcutaneous medication or fluids administered by the physician. (This allowance compensates the facility for supplies used.)

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(22)

#8 - Eight points are allowed when intravenous or subcutaneous fluids are administered by a registered professional nurse upon the physician's order.

12) Suctioning

- 0 No point is allowed when the recipient does not require suctioning.
- *3 Three points are allowed when a recipient has a condition, such as a tracheotomy, to which he has become adjusted to such a degree that he is able to care for it himself with minimum assistance by nursing staff for cleansing purposes.
- *5 Five points are allowed when the recipient requires suctioning less than daily.
- #8 Eight points are allowed when the recipient requires suctioning daily throughout the evaluation period.

13) Oxygen (Includes Positive Pressure)

- 0 No point is allowed when the recipient has no need for oxygen services.
- *4 Four points are allowed when the recipient requires oxygen on an emergency basis or intermittently during the month. Also included is the recipient who is able to administer his own oxygen and/or positive pressure treatments with supervision and minimum assistance.

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RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(23)

#8 - Eight points are allowed when there is a current written order, and the recipient receives oxygen and/or positive pressure treatments on a daily basis, administered by nursing staff.

14) Dressings and Appliances

- O No point is allowed when the recipient requires no dressings or requires only an occasional small temporary dressing for minor cuts or abrasions.
- *4 Four points are allowed when the recipient requires daily application of Ace bandages, additional care because of a case and/or assistance with the application of appliances such as prostheses, braces and supports.
- *6 Six points are allowed when the recipient requires dressings to a moderate sized area and/or moist dressings or soaks, on a continuing basis. Such services may be required for, but are not limited to: decubiti; recurrent leg ulcers; and daily colostomy dressings.
- #8 Eight points are allowed when there is a physician's written order for comprehensive dressings required on a regular daily basis, performed by a R.N. or graduate L.P.N.

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RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(24)

15) Intermediate Care

- If services listed above do not indicate a need for either skilled or intermediate care, but the recipient needs services which must be provided or supervised by licenses nursing personnel, then intermediate care is required. When the need for such a servise is identified by the caseworker or is pointed out by either the attending physician or facility staff and the caseworker verifies the need, a notation of the service which requires the licensed nursing personnel is to be made on the evaluation form and intermediate care is to be authorized. If the caseworker questions the need for licensed nursing personnel, the caseworker will refer the case to the Regional Medical Assistance Consultant for a determination of the level of care required. If intermediate care is approved a notation of the service which requires the licensed nursing personnel is to be made on the authorization form.

16) Skilled Care

- If services listed above do not indicate a need for skilled care but the recipient needs 24 hour licensed nursing care or supervision to meet specific needs indicated in his plan for care or an R.N. is required to assess the patient's needs and prepare the plan for care or a plan for the

RULE 4.14 GROUP CARE SERVICES (cont.) ATTACHMENT I(25)

administration and/or control of medications such as narcotics or dicumerol, skilled care is required. When the need for such a service is identified by the caseworker or pointed out by the attending physician or facility staff, and the caseworker verifies the need, a notation of the service requiring skilled care is to be made on the evaluation form and skilled care is to be authorized. If the caseworker questions the need for skilled care, the caseworker will refer the case to the Regional Medical Assistance Consultant for a determination of the level of care required. If skilled care is approved a notation of the service requiring skilled care is to be made on the evaluation form.

- 17) Assistance with bathing: YES __ NO __ 18) Assistance with dressing: YES __ NO __
- 19) Assistance with grooming: YES __ NO __

RULE 4.14 GROUP CARE SERVICES (CONT.)

ATTACHMENT II



HEALTH SERVICE AREAS (HSAs)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(2)

INTERMEDIATE CARE FACILITY (ICF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) I

The	Counties	included	IO HCA	1 210

Boone Carroll	1	Dekalb Jo Daviess	Le s Ogle	Stephenson Whiteside	Winnebago
		Daily		Monthly Rates	
وروم	1:5	Pates	28 Days	פער 0 05	31 Days
1		3 02	84 56	90 60	
2		3 25	91 00	97.50	93 62
2		3 48	97 44	104 40	100 75
4		3 71	103.88	111 30	107 88
		3 93	110 04	117 90	115 01
5 6		4.16	116 48	124 80	121.53
7		4.39	122 92		128 36
		4 62	129 36	131.70	136 09
8		4 85	125 80	133 60	143 22
10		5 07	141 96	145 50	150 35
11		5 30	141 56	152 10	157 17
12		5-53		159 00	164 30
13		5.76	154 84	165 90	171.43
14		5.99	161 28	172 80	173 65
15		6.21	167 72	179.70	185 59
16	•	6 44	173.88	106 30	192.51
17		6 6 7	180 32	193 20	193 64
13			185.76	200 10	206 77
19		6 87	192 05	206 10	212.97
20		7 06	197 68	211.60	213 25
20		7 25	203 00	217 50	224 75
22		7.44	208 32	223 20	230 64
		7 63	213 64	223.90	235 53
23		7 82	218 95	234 60	242 42
24		8 01	224 28	240 30	243 31

(Add .191 to the daily rate for each point over 24)

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RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(3)

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SKILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) I

The Counties inc	luded in	HSA I	are:
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Boone Carroil	DeKalb Jo Daviess	Lee Cgle	Stephenson Whiteside	Winnepago
	Daily		Monthly Pates	
Points	Rates	28 Days	30 Da, s	31 Days
1	4 81	124.50		
2	5 04	134 68	144.30	/ 149 11
3	5 27	141 12	151 20	156 24
4	\$ 50	147.55	158 10	163.37
5	5 73	154 CO	165 00	170 50
6		160 44	171 90	177 53
7	5 95	166 60	178 50	134 45
8	6 18	173 04	185 40	191 58
9	6 41	179 48	192 30	193 71
10	6 64	185 92	199 20	205 84
11	6 87	192 36	205 10	212 97
	7 09	198 52	212 70	219 73
12	7.32	204 96	219 €0	226 02
13	7 55	211 40	225 50	234 05
14	7 78	217 64	233 40	241 18
15	8 01	' 224 28	240 33	243 31
16	8 23	• 230 44	246 90	255 13
17	8 45	235 23	. 253 20	252 26
18	8 66	242 48	259.80	268 46
19	8 85	247 50	265 50	274 35
20	9.04	253 12	271.20	260 24
21	9 23	258 44	276 90	265 13
22	9 42	262.76	252.60	252 02
23	9 6 1	269 08	283 30	297 91
24	9 60	274 40	204 00	303 30
25	9 9 9	279 72	299 70	309 69
26	10.18	285 04	305.40	315.58
27	. 10 37	230 36	311.10	321 47
28	10.55	295 63	315 20	327 35
23	10.75	301 CO	322 53	333 25
30	10 94	306 32	328.20	339.14
31	11.13	311 54	333 90	345 03
32	11 02	316 35	339 50	350 92
33	11 51	322 28	345 30	355 31
34	11.70	327 60	351 00	352 70
35	11.09	232 92	353.70	363 59
36	12 CS	333 24	362 40	374 48
37	12 27	343 56	36S.10	383 37
38	12 46	348 88	373 30	385 26
39	12 65	354 20	379 50	392 15
40	12.84	359 52	385 20	395 C4
41	13.03	364 64	390 90	403 93
42	13 22	370.16	393 60	409 52
43	13 41	375.48	402 30	415 71
44	13 60	380 80	403 00	
45	13 73	386:12	413.70	421.60 427.49
46	13 98	391 44	413.70	433 38
47	14.17	396 76	425 :0	
48	14 36	402 05	425 10	439 27 445 16
49	14 55	407 40		
sõ	14 74	412.72	436 50	451.05
		712.12	442 20	450.94

(Add 19) to the daily rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(4)

INTERMEDIATE CARE FACILITY (ICF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) II

The counties included in HSA II are

Bureau Fuiton Henderson	Knox LaSalle Marshait	McDonough Peoria Putnam	Stark Tazewell Warren	Woodford
	Daily		Monthly Rates	
Foints	Pates	28 C ays	30 Days	3º Days
1	3 09			3373
		85 52	92 70	95.79
2 3	3 22	\$2.56	99 €0	102 92
4	3 55	99 40	106 50	110.05
5	3 79	106 12	113.70	117.49
5	4 02	112 56	120 60	124 62
6 7	4 25	119.00	127 50	131 75
	4 49	125 72	134 70	_
a	4 72	132 16	141 00	133 19
9	4 95	-138 60	148.50	146 32
10	5 13	145 32	155.70	153 45
. 11	5 42	151 76	102.50	160 89
12	5 65	153.20	169.50	163 02
13	5 83	164 64	178.40	175 15
14	6 12	171 35		182 28
15	6 35	177.50	163.60	163.72
16	6 5 2	184 24	190 50	196 8 5
17	6 = 2	192 26	197.40	203.93
16	7 03	195 84	204.50	211 -2
19	7 22	202.18	210 75	217 33
20	7 41		215 60	223 32
21	7 61	207 48	202.00	219 71
22	7 20	213 05	229.23	205 31
23	6.00	218 40	234 63	0 ت 241
24	8 19	224 00	240.00	2-6 00
-	0 19	220 32	245.70	253 29

(Add 195 to the daily rate for each point over 24)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(5)

SKILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) II

The	Counties	included	In HSA	11	

Bureau Fulton Henderson	Knox LaSaile Marshail	McDonougn Peoria Putnum	Stark Tazewell Warren	Woodford
	Daily		Monthly Rates	
Points	Pates	28 Days	30 Days	31 Days
1	4 92			
ż	5 15	137.75	147 50	152 52
3	5 29	144 20	154 50	159 65
4	5 62	150 32	161.70	167 09
5	5 85	157 36	168 60	174 22
6	6 09	163 80	175.50	181.35
7	6 3 2	170.52	182 70	183.79
8	€ 55	176 96	189.60	195 92
9	6.78	183 40	196.50	203 05
10	7 02	189 54	203 40	210 18
11	7 25	196 56	210 60	217 62
12	7.48	203 CO	217 50	224 75
13	7 72	209 44	224 40	231 88
14		215 16	231 60	239.32
15	7 95	222 60	238 50	246 45
16	8.18	553 94	245 40	253 56
17	8 42	235 76	252.60	261 02
18	8 65	242.20	259 50	268.15
19	8.85	248 C3	265 90	274 65
20	9 05	253 40	271 50	260 55
21	9 25	259 00	277.50	286.75
22	9 44	254 32	293 20	202 64
23	9 63	263 64	298 90	295 53
24	9 83 1 0 62	275 24	294 90	304 73
25	10 22	250.55	300 50	310 52
26	10 41	235 16	305 60	316 62
27	10 60	291 48	312 30	322 71
28	10 60	295 80	318.00	328 50
29	10 99	302 40	324 00	334 80
30	11.19	307.72	329 70	340 69
31	17.28	313 32	335.70	346 63
32	11 57	318 64	341 40	352 73
33	11.77	323 52	347 10	358 67
34	11.95	329 56	353 10	364 87
35	12 16	334 68	353 30	370 76
36	12 25	340 43	364 30	376 96
37	12 54	345.90	370 50	362 85
38	12.74	351_12	376 20	388 74
39	12 93	356.72	3 82.2 0	394.94
40	13.13	262 04	387 90	400 83
41	13.32	367 64	393 90	407 03
42	13.51	372 96	399 50	412.92
43	13 71	373 28	405 30	418 81
44	13 90	363 88	411 30	425 01
45	14 10	330 20	417 00	430 90
46	14 29	394 €0	423 00	437.10
47	14 48	400 12	429 70	442.93
48	14 68	405 44 411 C4	434 40	448 88
49	14 87		440 10	455 03
50	15 07	416 36 421 96	446 10	460 97
	5 01	451.30	452 10	467.17

(Add 195 to the daily rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(6)

INTERMEDIATE CARE FACILITY (ICF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) (II

7	he	Counties	included	224 6.	111 310	
t	1115	Counties	uncide50	III. FISA	III are	

Adams Brown Calhoun Cass	Christian Greene Hancock Jersery	Logan Macoupin Mason Menard	Montgomery Morgan Pike Sangamon	Schuyler Scott
	Daily		Moninty Pales	
Points	Rates	28 Davs	CC Davs	31 Davs
1	3 08	86 24	92 40	95 43
2	3 31	92 63	99 30	102 61
3	3 54	93 12	106.20	109 74
4	3 73	105 64	113 40	117 18
5	4 01	112 23	120 30	124 31
6	4 24	118 72	127 20	131 44
7	4 48	125 44	134 40	133 38
8	4 71	131 83	141 30	146 01
9	4 94	138 32	148.20	153 14
10	5.17	144.76	155 10	160 27
11	5 41	151 43	152 30	167.71
12	5 64	157 92	169 20	174 84
13	5 87	164 36	176 10	151 97
14	6 1 1	171 03	183 30	189 41
15	5 34	177 52	190.20	196 54
16	5 57	183 96	197 18	200 67
17	6 81	86 C21	204 30	211 11
13	7 00	196 00	210 00	217.00
19	7.19	201 32	215 70	222 29
20	7 39	266 92	221.70	229 09
21	7 58	212 24	227 =0	234 95
55	7.78	217 84	233 40	24: 18
23	7 97	203 16	223 10	247 07
24	8 16	228 48	244 60	252 36

(Acd, 104 to the daily rate for each point over 24)

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RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (7)

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SKILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT HEALTH SCRVICE AREA (HSA) III

The Counties	included i	n HSA	III are:
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Adams Brown Calhoun Cass	Christian Greene Hancock Jersey	Logan Macoupin Mason Menard	Montgomery Morgan Pike Sangamon	Schuyler Scott
	Daily		Monthly Rates	
Points	Rates	23 Days	30 Days	31 0375
1	4 90			
2	4 90 5 14	137.20	147 00	151,90
3	5 37	143 92	154 20	159 34
4		150 36	161.10	166.47
5	5 6Q 5 83	156 80	:60 63:	173 60
5		163 24	174 90	180 73
7	6 07	169 96	182.10	188.17
8	6 30	176 40	159 00	195 30
9	6 53	182 84	195 90	202.43
10	6.77	189 56	203 10	209.43
	7 00	196 CO	210 00	
11	7.23	202 44	216 30	217 00
12	7 47	209 16	224 10	224.13
13	7.70	215 53	231 00	231.57
14	7.93	222 04	237 90	239.70 *
15	8 16	229 48	244 80	245.83
18	8 40	235 20	252 00	252 95
17	8 63	241 64		260.40
18	8 82	246 96	258 30 264 50	257 53
19	9 02	252 56		273 42
20	9.21	257 28	270 60	279 52
21	9.41	263 48	275 30	285.51
22	9 60	268 89	282 30	291 71
23	9 79	274 12	233 00	297 60
24	9 53	279 72	293.70	303 43
25	10 18	285 04	299 70	309 59
26	10 38	290 64	305 40	315.38
27	10 57	295 96	311 40	321 78
28	10.76	301 29	317.10	327 67
29	10 25		322 80	333 55
30	11 15	305 38	323 30	339 75
31	11 35	312.00	334 50	345 85
32	11.54	317 90	340 59	351 35
33	11.73	323.12	346 20	357 74
34	11.93	329 44	351 90	363 63
35	12.12	334 04	357 90	369 83
36	12.32	329 36 344 35	363 60	375 72
37	12.51	344 96	369 60	381 92
33	12.70	250 28	375 30	337 81
39	12 20	355 60	381 00	393.70
40	13 69	261 20	387 00	399 90
41	13 29	366.52	392 70	405.79
42	13.48	372.12	398 70	411 99
43	13.67	377 44	404 40	417 58
44	13.87	392 76	416 10	423 77
45		389 36	416 10	429 97
46	14 06	393 63	421 30	435 86
47	14 26	358 58	427 30	442 05
48	14 45	404 60	423 50	447 95
49	14 64	409 92	439.20	453 84
50	14 84	415 52	445.20	460 C4
50	15 03	420 84	450 SJ	465 93

(Add 134 to the daily rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.)
ATTACHMENT II(8)

INTERMEDIATE CARE FACILITY (ICF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) IV

The Counties included in HSA IV at

Champaign Clark Coles Cumberland	DeWitt Douglas Edgar	Ford Ircauois Livingston	Macon McLean Moultrie	Piatt Sheloy Vermilion
	Daily		Monthly Rates	
Points	Rates	23 Days	30 Davs	31 Days
1	3.08	86 24	92.40	95.48
2	3.32	92.96	99.60	102.92
2 3	3.55	99.40	106.50	110 05
4	3.78	105 84	113 40	117.18
5	4 02	112 56	120 60	124.62
6 7	4 25	119 CO	127 50	131.75
7	4.43	125 44	134 40	138.38
8	4.71	131.88	141.20	146 01
9	4 95	133 GO	148 50	153 45
10	5 18	145 04	155 40	160.53
11	5 41	151.48	162.30	167.71
12	5 G5	158 20	163 50	175.15
13	5 88	164 64	176 40	182 28
14	6.11	171 G3	183 30	129 41
15	6.35	177 80	190 €0	195 55
16	6.59	18-1 24	197 10	203.98
17	681	192 63	204.30	211.11
18	7.01	196 23	210.00	217.31
19	7 21	201.65	21630	223.51
20	7 <0	207 20	222 00	229 40
21	7 60	212.00	228.00	235 60
22	7.79	213 12	233 70	241 49
23	7.92	223 44	239 40	247.39
24	8 13	229 04	245 40	253 58

(Add 195 to the daily rate for each point over 24)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(9)

SKILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) IV

	The	Counties	included.in	HSA	١V	are:
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Champaign Clark Coles Cumperland	DeWitt Douglas Edgar	Ford Iroquais Livingston	Macon McCean Moultrie	Platt Shelby Vermilion
	Daily		Monthly Rates	
Points	Rates	28 Days	30 Davs	31 Davs
1	4 91	137 48		
ż	5.14	143 92	147 30	152 21
à	5 38	150 54	154 20	153 24
4	5 61	157 08	161.40	166.78
5	5 84	163 52	168 30	173.91
6	6 09	170 24	175 20	191.04
ž	631	176 68	182 40	183 48
8	6 54	183.12	169 30	195 81
9	6.78	183.12	196 20	202 74
10	7.01	196 29	203 40	210.18
11	7.24	202 72	210.00	217 31
12	7 47	209 16	217 20	~ 224 44
13	7.71	215 23	224 10 -	231 57
14	7.94	222 32	231 30 238 20	239 01
15	3 17	228 76		246 14
16	9 4 1	235 48	245 10	253 27
17	8 64	241 92	252 30	250 71
18	8 84	247 52	259 20	267 34
19	9 04	253 12	265 20	274 04
20	9 2 3	253 12	271.20	280 24
21	9 42	253 76	276 99	285 13
22	9 62	269.26	282 50	292 02
23	981	274 65	263 60	293 22
24	10 01	280.29	294 30	301 11
25	10 20	285 60	303 30	310 31
26	10 29	200 92	365 JO 311,70	316 20
27	10.59	298 52	317.70	322 09
28	10.78	301 64	323 40	328 29
29	10 93	307 44	329 40	334 18
33	11,17	312 76	329 40	340 38 345 27
31	11.36	318 03	340 60	352 16
32	11 56	223 68	346 80	355 CS
3 3	11.75	329 00	352 50	354 25
34	11.95	234 60	358.50	370 45
35	12 14	339 32	364 20	370 45 276 3 4
36	12 33	345 24	369 90	382 23
37	12 53	350 84	375.90	383 43
38	12.72	356 16	381 60	394 32
39	12.92	351 75	387 60	400 52
40	13.11	367 08	393 30	406 41
41	13 30	372 40	399 00	412 30
42	13 50	378 CO	405 CO	418 50
43	1 3 69	353 32	410 70	424 39
44	13 39	368 92	416 70	430 59
45	14 08	394 24	422 40	436 48
46	14 27	339 56	428 10	442 37
47	14.47	405 16	434 10	448 57
48	14 66	410 48	439 80	454 46
49	14 36	416 08	445 80	460 66
50	15 05	421 40	451.50	466 55

(Add 195 to the daily rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(10)

INTERMEDIATE CARE FACILITY (ICF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (MSA) V

The Counties included in HSA V are:

Alexander Bond Clay Cruwford Edwards Ellingham	Fayette Frankun Galiatin Hamiton Hardin Jackson	Jasper Jefferson Johnson Lawrence Marion Massac	Perry Pope Pulaski Rancolon Richland Saline	Union Wabash Washington Wayne White Williamson
	Daily		Monthly Rates	
Points	Rates	28 Days	30 Davs	31 Days
1	3 02	84.55	99 60	93 62
2	3 25	91.00	97.50	100.75
3	3.47	97 16	104 10	107.57
4	3.70	103 60	111 00	114.70
5	3.93	110 04	117 30	121 33
6	4 16	116 48	124 30	128 96
7	4.39	122.32	131 70	135 09
e e	4 61	129 08	138 30	142.91
	4.34	135 52	145 20	150.04
10	.5.07	141.95	152.10	157.17
11	5 30	145.40	159 00	164.30
12	5 53	154 84	165 30	171 43
13	5.75	161.00	172 50	178 25
14	5 98	167.44	179 40	185 33
15	6 21	173.38	185.30	192 51
16	6.44	160 32	193.20	199.64
17	6.67	196.76	200 10	203.77
18	6 87	192 36	203 10	212.97
19	7.06	197.63	211 00	218 86
20	7 25	203.00	217 50	224 75
21	7-44	208 32	223 20	230 64
22	7 63	213 64	225 90	236 53
23	7.82	218.25	234 83	242 42
24	6 01	224.28	240 30	248 31

(Add .190 to the daily rate for each point over 24)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(11)

SKILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT . HEALTH SERVICE AREA (HSA) V

The Counties included in HSA V are		The	Counties	included	in	HSA	٧	are
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Alexander Bond Clay Crawlord	Edwards Elfingham Fayette Franklin	Gallatin Hamilton Hardin Jackson	Jasper Jefferson Johnson Lawrence	Marion Massac Perry Pope	Pulaski Rancolph Richland Sailne	Union Wabasn Washington Wayne	White Williamson
		Daily			Monthi	v Astes	
Por	nts	Pales		29 Davs	30 0	Days	31 Days
	1	4.81		134 68		30	149 11
	2	5.04		141 12		.20	156.24
	3	5.26		147 28		.80	163 06
	4 5	5.49		153.72		.70	170 19
	5 5	5.72		160.16	171		177.32
	7	5 95		166 60	178		184.45
	3	6 13		173 04	165		191.58
	3 9	6.40 6.63		179.20	192		198 40
				185 64	199		205 53
10		5 85		192 08	205		212 56
11		. 7 03		198 52	212		219 79
1.		7.32 7.54		204 95	219		225 92
	-			211 12	225		233.74
14		7.77		217.56	233		240.87
1:		8.00		224 00	240		248.00
		8.23		230 44	246		255.13
17		3.46		236 88	253		2G2 26
18		8 66 8 95		242.48	259		268.46
20		9 04		247 80	265		274 35
		9.04		253 12	271		280 24
21 23		9.23		258 44	276		286.13
23		9.42		263 76	282		292.02
24		9 80		269 08	288		297.91
25		9.59		274 40 279 72	294		303 90
25		10.13		285 04	259		309 69
27		10.13		290 36	305		315.58 321 47
28		10.57		295 68	311 316		327.35
29		10.75		301 00	322		333 25
30		10.73		305 32	328		339 14
31		11.13		311.64	333		345.03
32		11.32		316 96	339		350.92
33		11.51		322 28	345		356.81
34		11.70		327 60	351		362 70
35		11.89	•	332 92	356		368.59
36	5	12.08		338 24	362		374 48
37		12.27		343 56	368		360.37
38		12.46		348 88	373		386.26
39)	12.65		354 20	379		392.15
40	}	12.84		359 52	385		398 04
41		13 03		364 94	390		403 93
42		13 22		370.16	395		409 82
43	1	13 41		375 48	402.		415 71
44		13 60		360 80	408		421 60
45	i	13.79		386 12	413		427.49
46	i	13.98		391 44	419		433 38
47		14.17		396 76	425		439 27
48		14 36		402 C8	430		445 16
49		14 55		407 40	435		451 C5
50	1	14.74		412.72	442.		456.94

(Add .190 to the daily rate for each point over 50)

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RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(12)

INTERMEDIATE CARE FACILITY (ICF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) VI and VII

The Counties included in HSAs VI and VII are:

Cook and DuPage

•	Daity		Monthly Rates	
Points	Rates	28 Days	30 Days	31 Cays
1	3.43	96 04	102.90	.00.00
	3.69	103 32		106 33
2 3	3.94	110 32	110 70	114 39
4	4 20	117 60	118 20	122.14
	4.46		126.00	130.20
5 6 7	4.72	124 88	133 80	139.25
•		132 15	141 60	146 32
	4.93	139 44	149 40	154 38
8	5 24	146 72	157 20 •	162.44
9	5 50	154 CO	165 00	170 50
10	5 76	161 28	172.50	178 55
71	6.02	168 56	180 60	186 62
12	6.28	175 84	183 ⊹0	194 58
13	6 53	182.24	195 90	202 43
14	6 79	190.12	203 70	210 49
15	7.05	197 40	211.50	218 55
16	7.31	204 68	219 30	226.61
17	7.57	211 96	227.10	234 67
18	7.79	218.12	233 70	241 49
19	8.01	224 28	240 30	243.31
20	b 23	230 44	243 90	255.12
21	8 44	236 32	253 20	261 64
22	6.63	242 43	259 80	263.45
23	8.67	248 36	265 10	274.97
24	9.09	254 52	272.70	261 79

. . . (Add 216 to the daily rate for each point over 24)

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RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(13)

SMILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) VI & VII

The Counties included in HSAs VI & VII are:

Cook and DuPage

	Daily	ally Monthly Rates		
Points	Rates	28 Days	33 Days	31 Davs
1	5 46	152 88	163 80	169 26
2	5 72	160 16	171.60	177 32
3	5 98	167 44	179 40	185 33
4	6.24	174.72	187 20	193 44
5	6 49	181 72	194 70	201 19
6	6.75	169 00	202 50	209 25
7	7.01	195.28	2:030	217 31
8	7 27	203 56	218.10	225 37
9	7 53	210 34	225 90	233.43
10	7.79	218 12	233.70	241 49
11	8 05	225 40	241 50	249 55
12	6 3 1	232 58	243 30	257 61
13	8 57	239 96	257.10	255 67
14	8 83	247 24	264 90	273.73
15	9.C8	254 24	272 40	281 48
16	9 34	251 52	280.20	
17	9 EJ	263 80	285.GO	289 54
. 18	9 83	275 24	294 90	297 60
19	10 C4	281 12		304 73
20	10 25	237 28	201.20	311 24
21	10 47	203 16	307.30	318 06
22	10 09	299 32	314 10	324 57
23	10 91	303 48	320.70	331 39
24	11.12	311 33	327 33	303 21
25	11.34		333 60	344 72
26	11.55	317 52	340.20	351 54
27	11 77	323 40	346 50	359 05
28	11 99	329 56	353.10	354 87
29		333.72	359.70	371 69
30	12 20 12 42	341 é0	363 00	379 20
31		347.76	372 50	385 C2
32	12 63	353.64	375 90	391 53
	12 85	353 63	385.50	393 35
33 34	13 07	535 96	332 10	405 17
35	13.28	371 84	- 398 40	411 63
36	13 50	378 CO	405 00	416 50
36 37	13 71	383 88	411 30	425 01
	13 93	390 04	417 90	431 83
38	14 15	395.20	424 50	438 65
39	14 36	402 08	430 80	445 16
40	14.58	408 24	437 40	451 99
41	14 79	414.12	443 70	458 49
42	15 01	420 23	450 00	465 31
43	15.23	425.44	455.90	472 13
44	15 44	432.32	453 20	478 54
45	15 66	438 18	463 80	485 46
46	15 87	444 36	476 10	491 97
47	16 09	450 52	482 70	498 79
43	16 31	456 E3	489.30	505 61
49	16 52	462 55	495 60	512.12
50	16 74	468 72	502.20	518 94

(And 216 to the daily rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(14)

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INTERMEDIATE CARE FACILITY (ICF) NUPSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) VIII

The Counties included in HSA VIII are:

Kane	McHenry	Lake			
	Daily		Monthly Rates		
Points	Rates	28 Days	30 Days	31 Days	
1	3.32	92 96			_
2	3.57	99 56	99 60	102.92	
3	3 82	106 96	107 10	119 67	
4	4.07	113.96	114 60	118 42	
5	4 32	120 95	122 10	125.17	
	4 57		129 60	133.92	
6 7	4.83	127 96	137.10	141 67	
	5.08	135 24	144 90-	149 73	
8 9		142 24	152 40	157.48	
10 .	5.23	149 24	159 90	165 2 3	
11	5.58	156 24	167 40	172 93	
••	. 5.83	• 163 24	174.90	180 73	
13	6.08	170 24	182 40	188 48	i
	6.33	177 24	189.90	196.23	- 1
14	6.58	184 24	197.40	203.98	Ì
15	6.83	191 24	204 90	211.73	
16	7.08	198 24	212 40	219.48	
17	7 34	205 52	220.20	227 54	
18	7.55	211.40	226 50	234 05	
19	7.76	217 23	232 30	240 56	
20	7.97	223.16	239 10		
21	8 18	229 04	245 40	247 07	
22	8.39	234 92	251 70	253 58	
23	8.59	240 52	257 70	260 09	
24	8.80	246 40		256.29	
		2-0-0	264 00	272 80	

(Add 209 to the daily rate for each point over 24)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(15)

SKILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) VIII

The Counties included in HSA VIII are:

Kane	McHenry	Lake		
	Daily		Monthly Rates	
Points	Pates	08 Days	30 Days	31 Days
1	5 29	***		
2		148.12	158.70	163.99
	5 54	155.12	166 20 .	171.74
3	5 79	162 12	173.70	179 49
4	6 04	169 12	181 20	187.24
5	6 29	176 12	185.70	194 99
6	6.54	183.12	196 20	202.74
7	6 79	190 12	203.70	210 49
8	7 04	197 12	211.20	218 24
9	7 30	204,40	219 00	205 30
10	7 55	211 40	226 50	234 05
11.	. 7 83	218 40	234 00	241 30
12	8 C 3	225 40	241.50	249 55
13	8 30	232 40	249 00	257 30
14	8 55	239 40	256 50	265 C5
15	8 60	246 40	264 CO	272.30
16	9 05	253.40	271 50	
17	9 30	200.40	279 00	250 55
18	9 52	256 5è		258 30
19	9.73		285.60	295 12
20	9.73	277 44	291 90	301 €3
21		276 32	293 20	308 14
	10.14	263 92	304 20	314 34
22	10 35	233 80	310 50	320 85
23	10 \$6	295 68	316 80	327 36
24	10.77	301 56	323.10	333 37
25	10 93	307 44	329 40	34C 38
26	11 19	313 32	325 70	346 89
27	11 40	319 20	342 00	353 40
28	1161	325 39	348 30	359 91
29	11 52	300 96	354 60	366 42
30	12 03	336 84	360 90	372 93
3;	12 23	342 44 .	366.90	379 13
32	12 44	348 32	373 20	335 64
33	12 65	354 20	379.50	392.15
34	12 56	360 09	385 60	398 66
35	13 07	365 26	392.10	405 17
36	13 28	371 84	398 40	411 63
37	13 49	377.72	404.70	418.19
38	13 70	363 60	411.00	424 70
39	13 31	323 43	417.30	431 21
40	14 12	395.25	423 60	437.72
41	14 32	400 26		443 92
42	14 53	400 54	429 60	450 43
43	14 74		435.90	
44	14 25	412 72	442 20	456 94
45		418 60	448 50	463 45
46	15 16	424 48	454 80	460 96
47	15 37	430 36	461.10	476 47
	15 58	436 24	467 40	482 93
48	15 79	442 12	473.70	489 49
49	16 CO	443 CO	480 00	496 00
50	16 21	453 €8	486 30	502 51

(Add 209 to the daily rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(16)

INTERMEDIATE CARE FACILITY (ICF) NURSING GOSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) IX

The Counties included in HSA IX are:

Cy	Kankakee	Kendail	Will	
	Daily		Monthly Pates	
Points	Rates	28 Days	30 Days	31 Cays
1	3 04	85 12	91.20	94 24
2 3	3.27	91.56	98 10	101.37
3	3.50	98 00	105 CO	163 50
4	3.73	104 44	111 90	115 63
5	3 .95	110.88	113 60	122.76
6	4.19	117 32	125 70	129 89
5 6 7 8	4 42	123 76	132.80	137 C2
	4 65	130 20	139 50	144,15
9	4 83	136 64	145.40	- 151 29
10	5.11	143 08	153 30	158 41
11	5.34	149 52	160 20	165.54
12	5.57	155 96	167.10	172 67
13	5.80	162 40	174 00	179 80
14	5 03	168 84	180 90	186.93
15	6 25	175 28	187 20	194 C6
16	6,49	181 72	194.70	201.19
17	6.72	188 16	201 60	203 32
18	6 93	194 04	207.50	214 83
19	7 12	199.36	213.60	220 72
20	7.31	204 68	219 00	225.61
21	7 50	210 00	225 CO ·	232 50
22	7.69	215 32	200.70	238 39
23	7.89	220 92	225.70	
24	8 08	226.24	242 40	244 59 250 48

(Add 191 to the daily rate for each point over 24)

RULE 4.14 GROUP CARE SERVICES (CONT.)
ATTACHMENT II(17)

SKILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) IX

The Counties included in HSA IX are:

Grundy	Kankakee	Kendall	Will	
	Darly		Monthly Rates	
Points	Rates	28 Days	30 Days	31 Cays
1	4 85	135 80	145.50	_
ż	5.08		145 50	150 35
3	5.31	142.24	152.40	157.48
4	5.54	148 68	159 30	164 61
5	5.77	155 12	166 20	171 74
6	6 00	161 56	173.10	178 87
7	6 23	168 00	180.00	186 00
8	6 46	174 44	186.90	193.13
9	6 69	180.88	193 80	200 26
10	6.92	187.32	200 70	207.39
11	7.15	193.76	207.60	214 52
12	7.13	200 20	214 50	221.55
13		206 64	221 40	229 78
14	7 61 7 84	213 08	229 30	235.91
15		219 52	235 20	243 04
16	8 07	225.96	242.10	250.17
17	8 30	202.40	2÷9 00	257.30
18	8 53	238 84	255 90	264 43
19	8.73	244 44	261 90	270 63
	8 92	249 76	267 50	276 52
20 21	9.11	255 ca	273 30	292 41
	9 31	260 68	279.00	288 61
22	9.50	256 00	285.00	294 50
23	9 69	271 32	290.70	300 39
24	9 88	276 64	296 40	306 29
25	10 07	281.98	302 10	312.17
26	10 27	297 56	308 10	.318 37
27	. 10 46	292 88	3:3 60	324 25
28	10 65	298 20	319 50	330.15
29	10 84	303 52	325 20	336 04
30	11 03	308 84	330 90	341 93
31	11 23	314 44	336 90	348 13
32	11.42	319 76	342 60	354 G2
33	11.61	325 08	348 20	359 91
34	11.80	330 40	354.00	365 80
35	11.39	335 72	359.70	371 69
36	12 19	341 32	365.70	377 89
37	12 38	346 64	371.40	383 78
38	12 57	351 96	377 10	389 67
39	12.76	357 28	382 80	395.56
40	12 95	362 60	388.50	401 45
41	13.15	358 20	394.50	407 65
42	13.34	373 52	400 20	413.54
43	13 53	378 64	. 405.90	419 43
44	13.72	384 16	411.60	425 32
45	13.91	389 48	417.20	431 21
46	14 11	395 08	423 30	437 41
47	14 30	400 40	429.C 0	443 30
48	14 49	405 72	434 70	449 19
49	14 68	411 04	440 40	455 08
50	14.87	416 36	446.10	460.97

(Add .191 to the daily rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(18)

INTERMEDIATE CARE FACILITY (ICF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) X

The Counties included in HSA X are:

Henry	Mercer	Rock Island		
	Daily		Monthly Rates	
Points	Rates	28 Days	30 Days	31 Davs
1	3.16	88 49	94 80	97.96
2	3 40	95 20	102.00	105 40
3	3 54	101 32	109 20	112 84
4	3 88	108 64	116 40	120 28
5	4 12	115.36	123 60	127.72
5 8	4 36	122 08	132 80	135.16
7	4.59	123 52	137,70	142 29
8	4 83	135 24	144 90	149.73
9	5.07	141 96	152.10	157.17
10	5 31	148 63	159 30	164 61
11	5 5 5	155 40	166 50	172 05
12	5 79	162,12	173 70	179 49
13	6 03	153 84	180 90	166.93
14	6.27	175 56	168 10	194 37
15	6 51	162 23	195 30	201 81
16	6 75	189 00	202 50	209 25
17	6 93	195 44	203 40	216 28
18	7.19	201 32	215 70	222 29
19	7.39	205 92	221 70	229 09
20	7 59	212 52	227 70	235.29
21	7.79	218 12	233 70	241 49
22	7 93	223 44	229 40	247 38
23	8 18	229 04	245 40	253.58
24	8 33	234 64	251.40	259.78

(Add 199 to the daily rate for each point over 24)

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RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(19)

SKILLED NURSING FACILITY (SNF) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) X

The Counties included in HSA X are:

Henry	Mercer	Rock Island				
	Daily	Monthly Rates				
Points	Rates	28 Cays	30 Days	21 Days		
	5.03	140 84	150.90	155.00		
1				155.93		
2	5.27	147.56	158.10	163 37		
3	5 51	154 28	165 30	170 81		
4	5.75	161.00	172.50	178 25		
5	5.99	167.72	179.70	185 69		
6	6 23	174.44	186 90	193 13		
7	6 47	181.16	194 10	200 57		
8	6.71	157 88	201 30	208 01		
9	6.95	194 60	208 50	215 45		
10	7 19	201 32	215.70	222 89		
11	* 7.42	207 76	222 60	230 02		
12	7.66	214 48	229 80	237.45		
13	7.90	221.00	237 00	244 90		
. 14	8.14	227 92	244 20	252.24		
15	8 38	234 €4	251.40	259.78		
16	8 62	241 36	253 60	267.22		
17	8 86	248 08	265.80	274 66		
18	9 C6	253 68	271 80	280 26		
19	9.26	259 28	277 80	287 06		
20	9 4€	254 98	283 80	293 25		
21	9 6ô	270 48	289 80	299 46		
22	9.86	276 08	295 30	305 66		
23	10 06	281 63	301 30	311 56		
24	10 26	287 28	307 80	318 CE		
25	10.46	292 28	313 80	304 26		
26	10.65	293 20	319 50	230 15		
27	10.85	303 80	325 50	336 25		
28	11 05	309 40	331 50	342.55		
29	11.25	315 60	337 50	348 75		
32	11.45	320 60	343 50	354 95		
31	11.65	326 20	349 50	351 15		
32	11.85	331 80	355 50	367 35		
33	12.05	337 40	361 50	373 55		
34	12.25	343 00	367 50	379 75		
35	12.45	348 60	373 50	385.95		
36	12.54	353 32	379 20	391 84		
37	12.84	359 52	365 20	399 04		
28	13.04	ź 365 12	391 20	404 24		
39	13.24	370 72	397.20	410 44		
40	13.44	376 32	403 20	416 64		
41	13 64	381.92	409 20	422.54		
42	13 84	387.52	415 20	429 04		
43	14 04	393.12	421 20	435.24		
44	14 24	398.72	427 20	441.44		
45	14 44	404 32	433 20	447 64		
46	14 63	409 64	433 20	453 53		
47	14 83	415 24	444 90	459 73		
48	15 03	420 84	450 90	465 93		
49			470.10	703 73		
29	15.23	426 44	456 90	472.13		

(Add ,199 to the cally rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II(20)

INTERMEDIATE CARE FACILITY (ICF) MURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) XI

The Counties included in HSA XI are:

Clinton	Madison	Monroe	St. Clair	
	Daily	Monthly Rates		
Points	Rates	23 Days	30 Days	31 Days
1	3 12	87 36	93 60	96 72
2	3.36	94 08	100 80	104 16
2	3.59	100 52	107.70	111.29
4	3.83	107 24	114.90	118 73
5	4.07	113 96	122.10	126 17
5 7	4 30	120 40	129 00	133.30
7	4 54	127.12	136 20	140 74
8	4.77	133 56	143 10	147 87
9	5 01	140 28	150 30	155 31
10	5.25	147 CO	157 50	162.75
11	5 48	153 44	164,40	169.33
12	5.72	153 16	171 50	177 32
13	5 35	165 60	178 50	184 45
14	6 19	173.32	185.70	191 89
15	6.43	180 04	192.90	199 33
16	6 66	185 48	199 80	206 46
17	6 90	193 20	207 CO	213 50
18	7.10	193 80	213 00	220.10
1ŷ	7 20	204 40	219 05	226 30
20	7 50	210 00	225 30	232 50
21	7 69	215 32	230 73	235 39
22	7 23	220 92	236.70	244 59
23	8 C 9	220 52	242 70	250 79
24	8 29	232.12	248 70	256 99

(Add .197 to the daily rate for each point over 24)

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RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (21)

SKILLED NURSING FACILITY (SNF) MURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) XI

The Counties included in HSA XI are:

Clinton	Madison	Monroe	St. Clair		
	Daily		Monthly Rates		
Points	Rates	28 Days	30 Davs	31 Davs	
1	4 97	139.16	149.10	161.07	
2	5 2 1	145 88	156 30	154 07	
3	5 45	152.60	163 50	161 51	
2 3 4 5	5.68	153 04	170.40	168.95	
5	5 92	165 76	177.60	176 08	
6	6.15	172.20	184.50	183 52	
7	6 39	178 92	191.70	190.65	
8	6.63	185.64	198.90	198 09	
9	6 86	192 C8	205.80	205.53	
10	7.10	198 90	213 00	212.66	
11	7.33	205 24	219.90	220.10 227.23	
12	7.57	211.96	227.10	234 67	
13	7.81	218 68	234 30	242.11	
14	8.04	225 12	241.20	249 24	
15	8 23	231 84	248 40	256.68	
16	8.51	238 28	255 30	263.31	
17	8.75	245 00	262 50	271.25	
13	3 95	250 88	268 80	277.76	
19	9.15	255.20	274 50	293 65	
20	9 3 5	251 60	200 50	289 85	
21	9 55	267 40	236 50	296 05	
22	9 74	272 72	292.20	301 94	
23	9.94	278 32	298 20	308.14	
24	10 14	253.92	304 20	314 34	
25	10.33	289 24	309 90	320 23	
26	. 10 53	294 84	315 90	326 43	
27	10.73	300 44	321 90	332 63	
28	10.93	308 04	327 90	333 83	
29	11.12	311.26	333 60	344 72	
30	11.32	316 96	339 60	350.92	
31	11.52	327 56	- 345 60	357.12	
32	11.71	327 88	351.30	363.01	
33	11.91	333 48	357.30	369 21	
34	12.11	339 C8	363 30	375 41	
35	12.30	344 40	369 CO	381 30	
36	12.50	350 00	375 00	387 50	
37	12.70	355 60	381 00	393 70	
38	12.90	361 20	387.00	399 90	
39	13.09	266 52	392.70	405 79	
40	13 29	372 12 _.	398 7 0	411 59	
41	13 49	377 72	404 70	418 19	
42 43	13 68	383 04	410 40	424 08	
43 44	13 88	389 64	4 16 40	430 28	
45	14 68	394.24	422.40	436 48	
	14 27	399 56	423 10	442.37	
46 47	14 47	405 16	434.10	443 57	
48	14 67	410.75	440.10	454.77	
49	14 37	416 36	446 10	460 97	
50	15 06 15 06	421 63	451.80	466 86	
	15 26	427 28	457.80	473 06	

(Add 197 to the daily rate for each point over 50)

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (22)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) I

Effective 1-1-78

The Counties included in HSA I are:

Boone Carroll	DeKatb Jo Daviess	Lee Ogle	Stephenson Whiteside	Winnebago
	¹ Daily		Monthly Rates	
Points	Rates	23 Days	30 Days	31 Days
1	4 40	102.00		
2	4 50	123 20	132 00	136.40
3	4 59	126 00	135 00	139.50
4	4 69	128 52	137.70	142 29
5	4.79	131 32	140 70	145 39
6	4 88	134 12	143 70	148 49
7	4.98	136 64	146 40	151 28
8	5 08	139 44	149 40	154.38
9	5.18	142 24	152,40	157.48
10	5.27	145 04	155 40	160 53
11	5 37	. 147 56	158 10	163 37
12	5 47	150 36	161.10	166 47
13	5 56	153 16	164 10	169 57
14	5 €6	155 68	166 30	172 36
15		158 48	169 80	175.46
16	5 76	161 28	172 80	173 56
17	5 85	163 80	175 50	131 35
18	5 95	165 00	178 50	184 45
19	6 05	163 40	181.50	187.55
20	6 15	172 20	184 50	190 65
21	6 24	174 72	187 20	193 44
22	6.31	177 52	190 20	196 54
23	6.44 6.53	180 32	193 20	199 64
24		132 64	195 90	202.43
25	6 63 6 73	185 64	193 90	205 53
26	6 82	183 44	201 90	208 63
27	6 92	190.96	204 60	211.42
28	7.02	193 76	207 60	214 52
29		195 56	210,60	217 62
. 30	- 7.12 7.21	199 36	213 60	220.72
31		201 88	216 30	223 51
32	7 31	20:68	219 30	226 61
33	7.41 7.50	207 43	222 30	229.71
34	7 60	210.00	225.00	232 50
35	7.70	212 80	228 00	235 60
36	7.79	215 60	231 00	238.70
37	7.73	218 12	233 70	241.49
38	7 99	220 92	236.70	244 59
39	8 09	223 72	239.70	247 69
40	8 18	206 52	242 70	250 79
41	8 28	219 04	245 40	253 58
42	8 33	231 84	243 40	256 ē 3
43	8 47	23 + 64 - 3	251 40	259 78
44	8 57	237 16	254 10	262 57
45	8 67	209.96	257.10	265 67
46	8 76	242.76	260 10	263 77
47	8 26	245 2 8 243 08	262.80	271.56
48	8 96	250 88	265 80	274 66
÷3	9 06	253 68	268 80	277.76
50	9 15	255 20	271 80	260 86
		20020	274 50	233 65

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (23)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) II

Effective 1-1-78

The Counties	inc	luded	ın	HSA	11	are:
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Fu	ureau ulton enderson	Knox LaSalle Marshall	McDonough Peoria Putnam	Stark Tazewell Warren	Woodford
		Daily	-		
	Points	Rates	23 Days	Monthly Bates	
			20 Edys	30 Days	31 Days
	1	4 43	125 44		
	2	4 58	128 24	134 40	138 88
	3	4 68	131 04	137 40	141.98
	4	4 78	133 84	140.40	145 08
	5	4 87	136 36	143 40	143 18
	6	4 97	133 16	146.10	150 97
	7	5 07		149 10	154 07
	8	5.17	. 141.96 144.76	152.10	157 17
	9	5 27		155 10	,160 27
	10	5 37	147 56	158 10	163 37
	11	5.47	150 36	161.10	166 47
	12	5 5 7	153.16	164 10	169 57
	13	5 67	155 96	167.10	172.67
	14	5 77	153 76	170.10	175.77
	15	5 86	161 56	173.10	178 87
	16	5 96	164 03	175 80	161 66
	17	6 C6	166 33	178 30	184 76
	18	6 16	169 63	· 181 80	167 86
	19	6 26	172 48	184 30	190 96
	20	6 36	175 28	187 30	194.06
	21	6.46	173 08	190 80	197.16
	22	6.56	180 38	193 50	200 25
	23	6.66	183 68	196 30	203 35
	24	6 76	186 48	199 30	206 46
	25	6 85	139.28	202 €0	209 56 .
	26	6 95	191 80	205 50	212 35
	27	7 05	194 60	203 50	215 45
	28	7.15	197.40	211 50	216 55
	29	7.13 7.25	200 20	214 50	221 65
	30	7 35	203 00	217 50	224 75
	31	7.45	205 80	220 50	227.85
	32	7.43	203 60	223 50	230 95
	, 33	7 65	211 40	226 50	. 234 05
	34	7 75	214 20	229 50	237.15
	35	7.84	77 00 240 60	232 50	240 25
	36	7.94	219 52	235 20	243 04
	37	8 04	222 32	233 20	246.14
	38	8 14	225 12	241 20	249 24
	39	8 24	227 92	244 20	252 34
	40	8 34	230 72	247 20	255 44
	41	8 44	233.52	250 20	258 54
	42	8 54	236 32	253 20	. 261 64
	43	8 64	239 12	256 20	264 74
	44	8 74	241 92	259 20	267 64
	45	8 83	244 /2	262.20	270 94
	46	8 93	247 24	284 20	273 73
	47	9 03	250 0 1 252 34	267.90	276 33
	48	9 13	252 34 255 64	270 90	279 93
	49	9 23	253 44	273 90	283 03
	50	9 33	261 24	276 30	235.13
			27.2.	279 90	289 23

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (24)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF.MR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) III

Effective 1-1-78

The Counties included in HSA III are:

Adams Brown	Christian	Logan	Montgomery	Schuyler
	Green	Macoupin	Morgan	Scott
Calhoun	Hancock	Mason	Pike	30011
Cass	Jersey	Menard	Sangamon	
	Daily		-	
Points	Rates		Monthly Rates	
	Unit 2	28 Days	30 Days	31 Days
1	4 47	125 16		
2	4 57	127 96	134 10	133 57
3	4 67	130 76	137 10	141 67
4	4 76	133 23	140 10	144 77
5	4 86	136 08	142 80	147 56
6	4 96	133.83	145 80	150 66
7	5 06		143 30	153 76
8	5 16	141 68	151 30	156.86
3	5 26	144 48	154 80	159 96
10	5 36	147 28	157.60	163 06
11	5 46	150 08	160 80	166.16
12	5 56	152.88	163 80	169 26
13	5 66	155 68	166 80	172 36
14	5 75	158 48	169 30	175 46
15	5 85	161 00	172 50	173 25
16	5 95	163 80	175 50	181 35
17	6 05	168 60	178 50	184 45
18		169 40	181 50	187 55
19	6 15	172.20	134 50	190 65
20	6 25	175 00	187 50	193 75
21	6 35	177 80	190 50	196 85
22	6 45	120 60	. 193 50	193 95
23	6 55	183 40	196 50	203 05
24	6 C5	186 20	199 50	206 15
25	6.74	188 72	202 20	203 34
26	6 34	191 52	205 20	212 04
27	6 94	194 32	203 20	215 14
28	7 04	197 12	211 20	218 24
29	7.14	199 92	214 20	221 34
30	7 24	202.72	217 20	224.44
31	7 34	205 52	220 20	
32	7.44	203 32	223 20	227,54
	7 54	211.12	226 20	230 64
33	7 64	213 92	229 20	233 74
2 4 35	7.73	216 44	231 20	235 84 239 63
36	7 83	219 24	234 90	
	7 93	222 04	237 90	242.73
37	8 03	224 34	240 90	245 83
38 33	8.13	227 64	243 90	248 93
3 <i>3</i> 40	8 23	230 44	246 90	252 03
41	8 33	233 24	243 30	255 ₋ 13
41	8 43	236 04	252 90	258 23
-	8 53	233 84	255 90	261 33
43	8 63	241.64	258 90	264 43
44 45	8 72	244 16	261 60	267 53 270 30
	8 82	246.36	264 60	270 32
÷0	8 32	249.76	207.00	273 42
47	9 02	202.56	270 50	276 52
÷3	9 12	255.06	273 60	279 62
49 00	9 22	253 16	273 60 276 60	282 72
-0	9 32	260.98	279 60	265 82
7.3			2.5 00	283 92

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (25)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF MR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) IV Effective 1-1-78

The Counties included in HSA IV are:

		are,			
Champaign	DeWitt	Ford	Macon		

Champaign Clark Coles	DeWitt Douglas Edgar	Ford Iroquois	Macon McLean	Platt Shelby
Cumperland	Eogar	Livingston	Moultrie	Vermilion
Concenting				
	Daily		Monthly Bates	
Points	<u> </u>	28 Days	30 Days	31 Days
1	4 43	125.72	40.470	
2	4 59	125 72 123 52	134.70	139 19
3	4 69		137.70	142 29
4	4 79	131.32	140 70	145 39
5	4 89	134 12	143 70	143:49
6	4 93	136 92	146 70	151 53
7	5 03	139.72	149 70	154 69
8		142 52	152 70	157 79
9	5 19	145 32	155.70	160 39
10	5 23	143 12	153.70	163 99
	5 33	150.92	161 70	167 09
11	5 49	153.72	164 70	170.19
12	5 59	156 52	167.70	173 29
13	5 63	159 32	170.70	176.39
14	5 79	162 12	173 70	179 49
15	5 83	164 92	176.70	182 59
16	5 99	167 72	179 70	165 69
17	6 03	170 52	182 70	189 79
18	6 19	173 32	185 70	191.83
19	6 29	176 12	189.70	194 99
20	6 3 3	178 92	191.70	193 09
21	6.49	131 72	194.70	201.19
22	6.59	164 52	197.70	204 29
23	6 69	187 32	200 70	207 33
24	6 7 9	190 12	203 70	210 49
25	6 8 9	192 92	206 70	213 59
26	6 99	195 72	209 70	216 69
27	7.09	193.52	212 70	219 79
28	7.19	201 32	215.70	222 39
29	7 23	204 12	218.70	225 99
30	7 39	206 32	221 70	
31	7 49	209 72	224.70	223 09
32	7 53	212.52	227.70	232.19
33	7 63	215 32	230 70	235 29 233 39
34	7 73	218 12		
35	7 89	220 92	233 70	241.49
36	7 33	223 72	236 70	244 59
37	8 03	226 52	239.70	247 69
38	8 19		242.70	250 79
33	8 23	229 32	245 70	253 39
40	8 3 9	232 12	243 70	256 99
41	8 49	234 92	251 70	260 09
42	8 5 9	237 72	25 4 70	263 19
43	e 5 8	240 52	257.70	266 29
44	8 79	243 32	260 70	269 39
45	3 a 3	245.12	263.70	2/2 49
46	8.93	243.92	266.70	275 59
47	9 0 3	251.72	200.70	278 69
43	9 19	254 52	272 70	231 79
43	9 23	257 32	275 70	234 89
50	9 3 9	260 12	273 70	237 99
	2,,,	262 92	231 70	291 03

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (26)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF.MR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) V

Effective 1-1-78

The Counties	included	ın	HSA	٧	are:	
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Alexander Bond Clay Crawford	Edwards Elfingham Fayette Franklin	Gallatin Hamilton Hardin Jackson	Jasper Jefferson Johnson Lawrence	Marion Massac Perry Pope	Pulaski Randolph Richland Saline	Union Wabash Washington Wayne	White Williamson
		Daily			Hoothi	5	
F.a.r	is ,	Rates		28 Days	Monthly		
	_			Se Chive	30 D	7ys	31 Days
1		441		123.48			
2		4 51		126.28	132		136.71
3		4 50		123 30	135 .		133.81
4		4 70		131 50	133 (142 60
5 6		4 30		134 40	141 ° 144 (145 70
7		4 90		137.20	147		148 80
8		4 99		139 72	149 7		151 90
9		5 09		142 52	152 7		154 69
10		5 19		145 32	155 7		157 79
11		5 23 5 28		147.84	153 4		160 89 163 68
12		5 48		150 64	161 4		165.78
13		5 57		153 44 155 96	1644	0	169 68
14		5 67		158 76	167 1		172 67
15		5.77		161 56	170 1		175 77
16		5 87		164 36	173 11		173 37
17		5 95		166.83	176 10		181 97
18 19		6 06		€3.63	173 30 181 30		184 76
20		6 16	. 1	72 48	164 80		137.86
21		6 25	1	75 00	187 50		190 96
22		6 35		77 30	193 50		193.75
23		6.45 6.54		80 63	193 50		195 85 192 95
24		6 64		83.12	196 20)	202 74
25		6.74		85 92 33 33	199 20		205 34
26		6.84		33 72	202 20		208 94
27		6 93		91 52 94 04	205 20		212 04
28		7.03		95 34	207 90		214 83
29		7.13		99 64	210 90		217 93
30		7 22		22.16	213 90		221 03
3 1 32		7 32		04 96	216 60 219 60		223 82
33		7 42	20	7.76	222 60		225 92
34		7 51	21	0.23	225 30		230 02
35		7.61 7.71		3 03	226 30		232 81 235 91
36		7.71		5 3 3	231 30		239 01
37		7 90		163	23 ‡ 30		242.11
38		8 00	22	1 20 4 0 0	237 00		244 90
33		8 10	20	ુ વ 0	240 00		243 00
40		8 19		3 22	243 00		251.10
41		8 29		2 12	245 70		253 33
42 43		8 39	23.	: 02	248 70 251 70		256 99
44		8 48	237	44	251.70 254 40		260 09
45		8 58	540	24	257 40		262 88
ઃઠ		8 08 8 78		04	260 40		265 98
47		8 67	245		263 40		269 08 272.18
48		8 97	2:3		206 10		274 97
43		9 07	251 253		263 10		273 07
50		9:6	256		272 10		231.17
				-	274 20		283 95

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (27)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICFMR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) VI & VII

Effective 1-1-78

The Counties included in HSAs VI & VII are:

Cook and DuPage

Points	Rates			
		23 Days	30 Day s	31 Days
1	4 99			
2		139.72	149 70	154 69
3	5 11	143 03	153 30	153 41
4	5 23	146 44	156 90	162 13
5	5 34	149 52	160 20	
6	S 46	152 88	163 30	165 54
7	5 58	156 24	167 40	169 26
	5 €3	159 32	170 70	172 98
8 9	5 81	162 63	174 30	176 39
	5 93	166 04	177 90	130.11
10	6 C4	169.12	181.20	183 83
11	6 16	172.48		137 24
12	6 23	175.84	184 30	190 96
13	6 40	179 20	183.40 192.00	194 68
14	6 5 1	182 23		193.40
15	6 63	185 64	195 30	201 81
16	6 75	189 00	198 90	205 53
17	6 8 6	192 08	202 50	209 25
13	6 93	195 44	205 30	212 66
19	7 10	193 80	209.40	215 33
20	7 21	201 83	213 00	220.10
21	7 33	205 24	216 30	223 51
22	7 45	203 60	219 90	227 23
* 23	7 56	211 63	223 50	230 95
24	7 63		226 80	234 36
25	7 80	215 04	230.40	238 C8
26	7 91	218 40	234 00	241 30
27	8 03	221 43	237 30	245 21
23	8 15	224 34 222 22	240 90	243 93
29	8 27	223 20	244 50	252 65
30	8 33	231 53	243.10	256 37
31	8 50	234 64	251,40	259 78
32	8 62	233 00	. 255 00	263 50
33	8 73	241 36	253 60	267 22
34	8 85	241.44	261 90	270 63
35	8 97	247 80	265 50	274 35
36	9 08	251 16	269 10	273 07
37	9 20	254 24	272 40	261.48
38	9 32	257 60	276 00	285 20
33	9 43	Q10 98	279 60	283 92
40		201 04	282 90	292 33
41	9 55	267.40	286 50	295 05
42	9 67	270 76	290 10	293 77
43	9 79	274 12	293.70	303.49
44	9 90	277.20	297 00	306.90
45	10 02	280 56	300 00	310.62
4 6	10 14	233 92	304 20	
47	10 25	267 60	307 50	314 34
43	10 37	290 36	311 10	317.75
49	10 49	223.72	314 70	321.47
50	10 60	236.80	318 00	325.19
	10 72	300 16	321 60	323 60 332 32

RULE 4.14 CROUP CARE SERVICES (CONT.) ATTACHMENT II (28)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR) NUESING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) VIII

Effective 1-1-78

The Counties included in HSA VIII are.

Kane	McHenry	Lake			
	Daily		Monthly Rates		
Points	Rates	26 Days	30 Days	31 Days	
1	4 72	132.16	141 60	140.22	
2	4 83	135 24	144 90	146 32	
3	4 93	133 04		149 73	
4	5 C4	141 12	147 30	152 33	
5	5 15		151 20	155 24	
6	5 25	144 20	154 50	159 65	
7		147 00	157 50	162.75	
8	5 3 6	150 08	160 80	165 *6	
9	5 47	153 16	164 10	189 57	
10	5 57	155.96	167.10	172 67	
	5 68	159 04	170 40	176 03	
11	5 79	162 12	173.70	179 ∹9	
12	5 90	165 20	177 00	182 90	
13	6 00	163 00	130 00	135 00	
14	6_11	171 C3	183 30	189.41	
15	6 22	174 16	186 60	192 82	
16	6 32	176.96	189 60	195 92	
17	6 43	180 04	192 90	199 33	
18	6 54	183 12	196 20	202 74	
19	6 64	105.22	193 20	205 34	
20	6.75	133 00	202.50	20.) 25	
21	6 36	192 98	205.80	212.66	
22	6 97	195 16	209.10	216 07	
23	7 07	197 95	212 10		
24	7.18	201 04	215 40	219,17	
25	7 29	204 12	218 70	222 58	
26	7 39	200 32		205 99	
27	7.50	210 00	221 70	223 03	
28	7.61	213 08	225 00	232 50	
23	7.71		223 30	235 31	
30.	7 32	215.88	23: 30	239 01	
31		213 96	23 1 60	242 42	
32	7.93	222 04	237 30	245 83	
33	8 04	225 12	241 20	243 24	
	8 14	227 92	244 20	252 34	
34	8 25	231 00	247 50	255.75	
35	8 35	234 08	250 30	259.16	
26	8 46	236 88	253 80	262 26	
37	8 57	239.95	257 10	265 67	
33	8.63	2:301	260 40	239 03	
39	8 78 8 78	Q15 34	263.40	272 13	
40	8 39	2:3 92	265 70	275 59	
41	3 00	252 00	270 00	279 00	
42	9 11	255 08	273 30	232.41	
43	9 21	257.33	276 30	285 51	
44	9 32	260.96	279 60	288 92	
÷ 5	9 43	26:04	232 90	292 33	
46	9 53	2€6 €4	285 90	295 43	
47	9 64	263.92	289 20	253 64	
43	9 75	273 00	292 50	302 25	
40	9 35	2/5 30	235 30	302.15	
50	9.56	273.89	293 80	303 76	

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (29)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF.MR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) IX

Effective 1-1-78

The Counties included in HSA IX are.

Grundy	Kankakee	Kendall Will		
	Daily		Monthly Bates	
Points	Rates	28 Days	30 Days	31 Days
1	4 45	124 50	133 50	137 95
2	4 55	127 40	136 50	141 05
3	4 64	129 92	133 20	143 84
4	4.74	132 / 2	142 20	146.94
5	4 84	135 52	145 20	150 04
6	4 94	133 32	143 20	153.14
7	5 04	141.12	151 20	155.24
8	5 13	143 64	153 90	159 03
9	5-2 3	146 44	156.90	162.13
10	5 3 3	149 24	159 20	165 23
11	5 43	152 04	162 90	
12	5 5 3	154 34	165 90	168.33
13	5 62	157 36	163 60	171.43
14	5 72	160 16	171 60	174 22
15	5 32	162 93		177 32
16	5 92	165.76	174 60	180.42
17	6 02	163.56	177 60	183 52
18	6 11	171 03	180 60	188 62
19	6.21	173 33	183 30	189.41
20	6 31	176 :3	186 30	192 51
21	6.41	170 13	163 30	195 61
22	6 5 1		192 30	198 71
23	6 60	182.03	195.30	201 31
24	6 70	184 30	193 00	204 60
25	6 80	167 60	201 00	207 70
26	6 90	190 40	204 00	210 50
27	7 00	193.70	207 00	213 30
28	7 09	126.00	210 0 0	· 217 CO
29	7.19	101 32	212 70	219 79
30	7 29	201.32	215 70	222 89
31	7 23	204 12	213.70	225 99
32	7 49	200 9 2	221.70	229 09
33	7 58	203.7 2	224 70	232.19
34	7 63	212 24	227 40	234 98
35	7 78	215.04	23:) 10	233 08
26	7 83	217.54	233 40	241.18
37	7 93	2.3	235.40	244 28
38	3 07	20.44	239.40	247.38
3 9	8 17	205 96	242 10	250 17
42	8 27	213.76	245 10	253 27
41	8 37	231.56	243 10	256 37
42	8 47	234.26	251.10	253 47
43	8 50	237 16	254 10	262 57
44	8 66	203.63	253 8 0	265.06
45		242 48	253.80	263 46
25	8 7 6	245.23	252 801	271 56
47	8 :6 8 9 5	243.68	265 8 0	274 06
43		250 CB	263 30	277 76
43	9 05	253 40	271 50	230 55
50	9 15	250.20	274 50	283 05
	9 25	259.00	277 50	286 75

RULE 4.14 GROUP CART SERVICES (CONT.) ATTACHMENT II (30)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF/MR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) X

Effective 1-1-78

The Counties included in HSA X are:

Henry	Mercer	Rock Island			
	Daily		Monthly Rates		
Points	Rates	2º Cays	30 Days	31 Days	
	1				
1	4.56	127 68	138 80	141 36	
2	4.67	130 76	140 10	144 77	
3	4 77	133 5 6	143:0	147 87	
4	4 97	136 3 6	146 10	150 97	
5	4 97	139 16	149 10	154 07	
6	5 07	141.96	152 10	157 17	
7	5 18	145 04	155 40	160 58	
8	5 23	147 84	153 40	163 68	
9	5 03	150 €4	161 40	166.7 8	
10	5 - 3	153,44	164 40	169 88	
11	5 58	156 24	167.40	172 98	
12	5 6 9	159 32	170 70	175 39	
13	5.79	162 12	173 70	179 43	
14	5 83	164 92	175 70	132 59	
15	5 39	167.72	179 70	185 63	
16	6.09	170 52	182 70	183 79	
17	6.20	173 90	186 00	192 20	
13	6 30	17€ 40	182 00	195 30	
19	6 40	179 20	192 00	198 40	
20	6.50	162 00	195.00	201 50	
21	6 60	184 30	193 00	204 60	
22	6 71	137.38	201 30	203 01	
23	6.81	190 83	204 30	211.11	
24	6 9 1	193 48	207 30	214 21	
25	7 01	196 28	210 30	217.31	
26	7 11	193.63	213 30	220 41	
27	7.22	202.16	216 60	223 82	
28	7 32	204.26	219 60	225 92 226 92	
23	7 12	207.76	272 50		
30	7 52	210 56	225 80	230 02	
31	7 62	213 36	223 60	233 12	
32	7.73	216 44	231 20	236 22	
33	7.73	219 24	234 90	239 63	
3.4	7.93	222 04	237 30	242 73	
35	8 03	221 84	240 90	245 83	
36	8 13	227 64	243 30	243 93	
37	8 24	230 /2	247.20	252.03	
38	8 34	213 52	250 20	255 44	
. 29	8 44	236 32		253 54	
40	8 54	233 12	253 20 256 20	261 64	
41	8 64	241 92		264 74	
42	8 75	2:5:00	259 20	267 84	
43	8.35		262 50	271 25	
44	8 95	247 30	205 50	274 35	
45	9.05	250 60	203 50	277 45	
45		253 40 253 00	271 50	280 55	
47	9 15 9 26	256 20	274 50	233 65	
43	9.36	259.28	277 80	287 06	
43	9.36	202.03	280.80	290 16	
50		26133	203.00	293.26	
33	9.6	267 63	266 30	293.86	

RULE 4.14 GROUP CARE SERVICES (CONT.) ATTACHMENT II (31)

INTERMEDIATE CARE FACILITIES FOR THE MENTALLY RETARDED (ICF.MR) NURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (HSA) XI

Effective 1-1-78

The Counties included in HSA XI are:

Clinton	Madison	Monroe	On Allare,	
		monitoe	St Clair	
Points	Daily		Monthly Rates	
FURS	Rates	23 Days	30 Days	31 Days
1	4 52	100.50		
2	4 62	126 56	135 6 0	140 12
3	4.72	129 35	138 50	143 22
4	4.72	132 16	141 60	146 32
5	4 92	134 36	144 60	149 42
6	5 03	137.76	147 60	152 52
7	5 13	140 84	150 30	155 93
8	5 23	143 64	153 90	159 03
3	5 23	146.44	156 90	162.13
10	5 43	149 24	159.90	165 23
11	5 53	152 04	162 90	163 33
12		154.84	165 90	171.43
13	5 63	157 64	163.90	174 53
14	5 73	160,44	171 90	177 63
15	5 8 3	163 24	174 90	180 73
16	5 93	166 04	177.90	183 83
17	6 C4	169 12	181 20	187 24
13	6 14	171 92	184 20	190 34
19	6 24	174 72	167 20	193,44
50	6 34	177 52	190 20	196.54
21	6 4 4	180 32	193 20	193 64
22	6 5 4	183 12	195 20	202.74
23	€ €4	185 92	199 20	205.74
24	6 74	133.72	202 20	203.94
25	6 64	191 52	205 20	212.04
26	6 94	194 32	203 20	215.14
27	7.05	197,40	211 50	218.55
28	7.15	200/20	214 50	221 65
29	7 25	203.60	217 50	224 75
30	7 35	205.30	220 50	227 85
31	7 45	203 60	223 50	220 95
32	7 55	211 40	225 50	234 05
3 3	7 65	214.20	229 50	237.15
34	7.75	217 ⊴0	232 50	240 25
35	7 85	219 60	235.50	243 35
26	7.95	272 30	233 50	246.45
37	3 (6	225 63	241 30	249.86
33	8 16	209 48	244 80	252 96
39	8 26	231 23	247 80	258 06
40	8.36	e.: 03	250 30	259 16
41	8.46	85 012	253 90	262 26
42	8 56	239 63	256 80	265 36
43	8 66	242 43	259 90	263 46
44	8 76	245.28	262 80	271 56
45	8 86	2:3 03	265/30	274 66
46	8 26	250 83	263 80	277 76
47	907	253.36	272.10	281.17
43	9 17	206.76	275 10	234 27
49	9 27	250.56	278 10	237 37
50	9 37	202 26	231 10	290 47
	9 47	265 16	234 10	293 57

SKILLED BURSING FACILITY - FEGIATRICS (SUB-PEG) BUTSING COSTS BY POINT COUNT BUSING FIRST HOLD COUNT (1804) I

The Countles included in HSA4 tren

Daily Daily Daily Pubs Posts Rates 23 Drys 30 Drys 31 Days 1 9.24 253.72 277.20 295.44 2 9.41 203.48 202.30 291.71 3 0.59 203.48 202.30 291.71 3 0.59 203.52 237.70 207.23 4 0.76 277.23 202.80 302.56 5 9.93 217.04 297.90 307.33 6 10.11 263.03 303.30 313.41 7 10.23 227.04 303.40 313.63	Soone Carroll	DelKalb Jo Devicss	tice Ogta	Studberson Wild side	Wielerbogo
Posts Rates 23 Drys 10 Drys 31 Drys 1 9 24 253 72 277 20 295.44 2 9.41 203.48 202.30 291.71 3 3 59 203.52 237.70 297.29 4 0 76 27.23 292.80 302.66 5 9.93 27.7.04 297.90 307.33 6 10.11 263.03 303.30 313.41 7 10.73 227.04 303.40 313.63			•	11 - 100 - 2 1	
1 9 24 253 72 277 20 295.44 2 9.41 203.48 202.50 291.71 3 9 59 203.52 237.70 297 29 4 9.76 277 23 292.60 302 56 5 9 93 277 04 297 90 307.33 6 10 11 253 03 30 313.41 7 10 73 227 04 393.40 313 63		•			
2 9.41 203.48 202.60 291.71 3 0.59 203.52 237.70 297.29 4 0.76 277.23 202.60 302.66 5 0.93 277.04 297.90 307.33 6 10.11 263.03 30 313.41 7 10.78 227.04 303.40 313.63	Polats	Rates	<u>23 Drys</u>	30 D 77 s	31 Days
2 9.41 203.48 202.60 291.71 3 0.59 203.52 237.70 297.29 4 0.76 277.23 202.60 302.66 5 0.93 277.04 297.90 307.33 6 10.11 263.03 30 313.41 7 10.78 227.04 303.40 313.63					
3 0.59 203.52 237.70 297.29 4 0.76 277.23 252.60 302.66 5 0.93 277.04 297.90 307.33 6 10.11 253.03 303.30 313.41 7 10.73 267.04 303.40 313.63					
4 0.76 273 252.60 302.66 5 9.93 277.04 297.90 307.33 6 10.11 253.03 303.00 313.41 7 10.73 267.04 303.40 313.63					
5 9 93 277 04 297 90 397.33 6 10 11 763 03 303 30 313.41 7 10 79 287 04 303.40 313 63					
6 10 11 263 63 303 30 313.41 7 10 23 237 24 303.40 313.63					
7 10.73 237.04 303,40 313.63					
3 10.45 292.60 313.50 323.35					
	3	10 45			
9 10 62 297 36 313 60 329 22					
10 10 20 332 40 324 60 334.80					
11 10 97 307 16 329 10 310 07					
12 11.14 311.92 334.20 345.34					
13 11 32 313 96 333 80 350.92					
14 11 49 321 72 344 70 356.19					
15 11 13 323 43 349 30 351 46					
16 11 C1 331 52 335 20 337 04					
17 12 01 273 23 330 30 372 31					
18 12 18 211 04 255 40 377 53					
19 12 C5 315 TO 370 30 332 85					
20 12 63 012 04 375 90 303 43					
21 12.70 255.00 331.00 393.70					
22 12 37 500 56 10 308 97					
23 13 05 365 (0 331 50 494 55 24 13 22 370.16 327 69 400 82					
4,7					
440.70					
11700					
10 17 14 401 12 526 20 543 74 5 50 17 72 405 16 531 10 549.32					

(Adi .173 to the daily rate for each point over 50) (Subtract \$6.85 from the daily rate for each child ages three and above).

SKIELED HURCHYG FACILITY - FEDMATRICO (SMF FUR) MULIC NG GOGTS BY FORTH COUNT HENLITH SERVICE TREA (INSA) II EMILIT CEUNT - EMILIT (& 1-1-73

The Court as included in InSA II are:

Durbau Falton Hundirson	Kook LaS die Marshall	(1. በአው agh በ ha Poteam	Stark Tanzwell Wistren	Wastford
710113111511				
	Daily		Monthly Piges	31 C :/s
Parels	7. tos	15 1375		31 11 2 2
	2.41	233 43	232 30	291.71
1 2	9 59	203 52	237 70	297 29
3	9 77	273 56	233.10	302 37
4	991	2/3 32	2:23 20	203 14
5	10.12	233.23	303 80	313 72
6	10.29	283.12	303.70	313 99
7	10 47	293.16	314.10	324.57
3	10 65	203.20	319 50	330.15
9	10 32	30 S S S	324 30	335.42
10	11 00	303.00	330 60	341 00
11	11 17	312 76	335 10	3
12	11 35	317.80	310 00	357.13
13	11 53	022.34	045.20 351.00	382.70
14	11.70	227 3 0 932 84	353.10	352 98
15	11 03	337.4 0	331.50	373.55
16	12 05 12 03	342.44 342.44	303 90	379 13
17 18	12.1	347.48	372.30	33 ‡ 7 1
19	12 53	352.24	377.40	339 23
20	12.76	357 23	332 30	395 56
21	12 93	352 04	337 90	400 33
22	13 11	257.03	393 30	403.41
23	13 29	3/2/12	393 70	411 39
21	13 ∄3	376 43	403 30	417.26
25	13 € 1	301.92	409 20	422.34
26	13 81	393.68	414 30	403.11
27	13 29	331 72	410 70	433 89 439 27
23	14 17	3 / 3 7 6	425.10	444 54
29	14 34	401 52 403 56	430 20 433.60	430 12
30	14 52 14 09	411 32	440.70	455 09
31 32	14 87	416.05	446 10	460 97
33	15 05	421 40	451 90	468 55
24	15 22	4,,516	453.60	471.02
35	15 - 0	- 31 _0	192.00	477.40
36	15 57	435 36 =	467 T ∂	482 67
37	15 75	Ci 1::-	472 50	403 25
28	. 15 9 3	446 04	477.90	493 33
39	16 10	450.80	433.00	409 10
40	16.03	#55 Q#	403.40	50168
41	16 15	450 CO	493 50	503.9 5 515.5 3
42	16 63	495 64 430 63	403 30 604 30	515 5 3 521.11
4.3	16 31	470 £3 475 ‡4	501 30 509 40	523.11
44	16.03	475 44	509.40 514.00	531 96
45 13	17.16 17.23	1:524	510 10	537.23
	17.33	4.013	503 00	542.31
3	17.09	4.5.32	=:070	543 59
43	17 - 6	å(, 3	525.00	533 06
50	16 04	535 12	541 20	553.24

(Add .176 to the daily rate for each point over 50) (Subtract \$6.35 from the daily rate for each child ages three and above.)

The Count is arolleded in HSA III are.

	Ad Los Brako Calvoun Coss	Challin Galone Harcook Jorcey	Login Milesupin Milesup Milesupin	Madigon try Morgan Pike Sangtiman	Selety or Soutt
	15.1.23	00,		•	
		Daily		Library Bales	
	Polits	∂ .tes	. 23 Days	30 D ;,s	31 Cays
	1	9.39	232 22	231.70	231 83
	2	9.53	7.67.63	ନ୍ତର ଓଠ	226 36
	3	9.74	279.72	202.20	201.94
	4	9.01	277 13	297.30	327.21
-	5	10.09	232.52	352 70	312.79
	б	10.3	237.23	307 30	313 06
	7	10 44	2.232	013 20	323 34 323 91
	3	10 61	2 17 63	318 30	334 49
_	9	10.79	CP2 12	993 70 301 40	333.76
	10	10 95	* 203.03 311.9 2	38100	3 15 34
	11	11.14	316 6 3	307.20	367.61
	12	11 31	370 F 3 321 72	344.70	323.19
	13	11.49 11.66	523 1 3	34380	331 46
	14	11 04	331.52	353 20	367.04
	15	12 01	213.23	860 10	372 31
	16 17	12.19	311 32	303.70	377 33
	13	12.36	040 03	3, 0.20	383 16
	19	12.54	351 12	373 20	293.74
-	20	12 71	030 83	351 30	334 01
	21	12 30	300 92	308.70	393.59
	22	13 63	305 63	231/80	404.65
	23	13.24	370.72	057.70	410.44
	24	13 11	375 43	402 30	415.71
	25	13 59	03132	497.70	421 89
	26	13 / 6	305.73	412 30	423.53
	27	13 94	39032	413.20	432.14
	23	14 11	005 03	423 50	437 41
	29	14 29	200 12	423.70	442.03
	30	14.46	40433	433.50	443.23
	31	14 64	40) 32	439.20 441.30	453.84 453.11
	32	14.81	414 63	439.70	461.69
	23	14.72	41372 19133	15130 -	43203
	01	13 16	. 332	170.00	475.54
	±5	15 21	40103	435 30	#10.31
	23	15 51 15 39	42732	470.70	456 39
	37 33	15 36	411 03	475 30	491 66
	39	16 04	4:0 12	451.20	#97 ₈ 2 1
	:0	16.21	403.03	406.20	302.51
	41	16 00	4.342	401.70	503.00
	12	15 56	463.03	413.00	513.23
	43	16 74	403 72	502.20	516.94
	4.1	16 51	473 13	597 3 0	524.21
	45	17.00	27002	512.70	52379
	·.5	17:3	4.373	517)	£13 (3)
	÷7	17.14	4 : 42		510,14
	.3	17.51	· 363	5.340	045.74
	.:9	17.73	≟°. 12	533 70	531 10
	50	17 03	512.13	5.330	536.73

(Add .203 to the daily rate for each point over 50) (Subtract \$6.35 from the daily rate for each child ages three and above).

THUOD THE STEED DESCRIPTION OF NATURAL PROPERTY OF THE COURT BEAUTION OF NATURAL PROPERTY OF NATURAL PROPERTY.

The Children of the dim USA Wide:

Circ apaign Clark	D. Wilt Octobbs	Ford Notes	Milleon Webban	Polit Chulby
Catas Cranburithd	Cdg ir	trying ten	Moultine	Variation
	C ily		Northly Pa	tes

	C ity			
		33.8	· Montally Putes	21.0-
Foints	Pates	23 C ,s	20 Puys	31.05/3
1	9 11	/13 13	232.30	291 71
2	ე ხე	13352	237.70	237 23
3	9 77	277:3	293,10	302 37
4	3.01	273 32	253.00	303.14
5	10 12	233 23	303 CO	313.72
5	10 29	223 12	003 70	313 09
7	10 47	223 16	314 10	324 57
3	10 65	203.20	319 50	339 15
9	10/32	302.06	321.60	335 42
10	11 00	ana 5 0	320.60	341 (0
11	11 17	312 / 6	335 10	346.27
12	11 35	317 30	3.:0.20	351 35
13	11 53	372.01	345 90	357 43
14	11.70	027.00	351 60	332.70
15	11.03	800.24	353.40	383 23
16	12.05	307.40	331 50	373 15
17	12 23	042 44	213 90	379 13
13	12.41	3:7:43	3/2 30	32171
19	12.53	227.24	377.40	339 93
20	12 76	2:7.28	C12 80	395 56
21	12 03	362 01	337.50	400 /3
22	13 11	207.23	333.20	403.41
23	13 23	0/2/12	2: 3.70	411 89
24	13 46	37 5 13	403.00	417.26
25	13 64	331 32	403.20	422.84
26	13 61	383 83	414 30	423 11
27	13 09	301.72	419.70	433.39
23	14 17	293.73	425 10	439 27
23	14 34	401.52	450 20	444 54
30	14.52	403.56	405 60	450 12
31	14 63	411 32	440.70	455 39
32	14 87	416.36	446.10	460 97
33	15 05	421 40	451 50	466 55
34	15.72	403 16	463.00	471 32
35	15 10	-3120	4-02-00	477 40
56	15 57	413.00	437.10	482 37
37	15 /5	441.40	472 50	488 25
23	15.93	445 64	477/20	493 83
3	16 10	450.0	423 C 0	400:10
<i></i>)	1.5.23	405.24	.: 3 .0	50473
41	16 45	400 C O	493.00	500 95
::2	16 03	405.64	493.0	515.53
43	16 31	470 C 3	50430	521.11
4.4	16 ⊎3	475 44	500 -0	526 33
45	17.15	2.3.13	31100	531 06
: ;	17 3	1 5 - 1	510.)	537.23
47	17.51	. 1.3	5.25 c)	542.31
.:3	17 (3	4 , 2	50)70	345 30
:)	17.5	\$1.03	533.80	553 1.0
60	13 C I	5 5 12	541.)	512.24
			•	

(Add .176 to the daily rate for each point over 50) (Subtract \$6.35 from the daily rate for each child ages three and above.)

EXPLICA MUSSING FACILITY -- ADOM (DOOS CONFIDENCE) MUSSING COSTS BY POINT COUNT MEMBER TO SHOULD FROM TO SHOULD FINE STORY V

The Count is a cluded in inSA V area

Algkander Bend Clay Orawlord	Edwaras Elfragitam Fayette Franclin	Gillatin Hamilton Hardin Jackson	daspor Juliaryon Johnson Lawrance	Micron Microad Parry Poye	Pullicki Balafelph Partitiond Coline	Union Wilb ish Weshington Weyna	White Williamson	
		Daily	,		Mentaly	Pates		
£.55	ents	Ba'e:		23 Days	30 C.	ivs	31 Oays	· · -
	1	9 13	3	257.32	275	70	23:89	
	2	937		232.06	231		230 47	
	3	3.5		267.12	236	0	235.74	
	4	97	1	271.03	231		301 01	
	5	9.00		273 01	208		303.23	
	6	10 05		231 - 0	561		311 55	
	7	10.23		243.44	513		317.13	
	3	10 4		201.00	312		322.40 327.5 7	
	9	10 5		225.23	317. 322		332.94	
	0	10.7		300.72 305.13	327		303.21	
	1	10 9 11.0		310.32	512.		243.79	
	12	11.0		315.23	337		340.06	
	14	11.4		200 04	3+2		384.33	
	15	11 3		324 00	0:3		352.60	
	16	11 7		629.56	253		264 37	
	17	11.3		33:60	353	50	370.45	
	18	12.1	2	339 36	3.33.	30	375 72	
1	13	12.2	9	3;:12	363.		300 99	
2	20	12 -	G	3∴3 €3	373		333.25	
	21	12.6		353 64	373		331 53	
	22	12.3		373 63	331		397.11	
	23	12.0		363,44	039.		402.3 3 407.3 5	
	24	13 :		008.20	304 009		412 02	
	25	13 3		372 95 377 72	#04		413.19	
	26	13 4 13 5		377 72	410		= 23.77	
	27 23	13 8		337 £2	415		429.04	
	23	140		302.23	420		434.31	
	30	14.1		337.04	425	40	403.58	
	31	1.1 3	5	401 €0	430	30	4::: 35	
:	32	14 5	3	403.84	4.35		450 43	
;	3 3	14.7	o .	411 00	441		455.70	
	34	14.3		416 .3	4.13		460.97	
	35	15 0		-21 12	451		463 24 471 51	
	36	15 2		4.1.3 3 4.13.42	458 461		477 09	
	37	15 3		415 6 3	403		432 36	
	33	15 5 15 7		4.2.63	471		407 63	
	89 40	15 9		(15.70	1/1		492 90	
	41	16.0		410.56	4.12		403.17	
	42	16.2		455 CO	437		503.75	•
	43	16.4		453.76	402		503 02	
	44	16.0		401.52	7 د ∴	70	5;4 29	
	::5	15.7	3	2.323	٠٠.		510.06	
	43	1.5 1		171.1	/		£21.43	
	÷7	17.1		472.3	51.3		3, 3,41	
	:3	17.0		40.31	5:3		615 0 3	
	:3	17.5		413.50	£23 503		540 9 5 513 8 2	
	50	17.6	.6	423.46	53		2 2 2 4	

(Add .172 to the daily rate for each point over 50) (Subtract \$6.85 from the daily rate for each child ages three and above.)

SKILLED NURSING PACILITY -- PEDINARIOS (ENF-PED) NURSING COSTS BY POINT COUNT REALTH SLAFACE ARCA (HSA) VI & VII CIF-614-614-73

The Counties idelt 2rd in HSAs VI & VII crat

Clark and Duringe

	Pode -				
	Daily		Monthly Sites		
Foints	Pittes	13 0.178	30 Cays	31 Ditys	
1	11.00	303 00	300 00	311.00	
2	11 20	313 60	335 00	3:7:20	
3	11.41	313 :3	3 12 30	333.71	
4	11 61	u23 (3	343.20	353.91	
5	11 62	300.53	234 60	333.42	
ô	12.63	0.70 04	11000	372 23	
7	12 23	342.44	275 30	373 13	
3	12.44	313 32	373 20	385 84	
9	12 64	353.92	373 20		
10	12 85	333.80	373 20 333 50	351.84	
11	13 65	335.23	391 30	393 35	
12	13.26	371 23		40136	
13	13.47	317 16	397 20	411.06	
14	13 67		401.10	417.57	
15	13 ::3	c 32.76	410.10	423.77	
16	14 63	83304	416.40	400.23	
17	14 23	034/32	422.70	433.79	
13		400 12	473.70	442 03	
19	14 50	413 co	435 C O	449.50	
20	14.70	411.00	441.00	455.70	
	14.91	417.43	447.30	432 21	
21	15 12	423 36	433.00	483 72	
22	15 32	428 96	459 #0	474 92	
23	15 53	434-34	465 30	431.43	
24	15 73	; :O :;4	471 20	437 63	
25	15 94	-:::3 32	473 20	484.14	
26	16.15	452.00	434.50	500 65	
27	18 35	457.30	400 50	503 05	
23	16 56	433.58	406 80	513.36	
83	16 76	4/9/23	502.00	519 36	
30	13.37	475.16	503 10	523.07	
31	17.13	431 04	515 40	532 53	
32	17.33	435 64	521 40	533 78	
33	17 59	492 32	527 70	545 29	
3.4	17.79	493.12	533 70	551.49	
35	13.00	501.00	51000	553.00	
26	13.21	300.23	913.20	58:51	
37	13.41	515 13	532 30	570 71	
38	13.52	521 36	253 60	577 22	
39	18.82	526 56	56 ÷ 30	533.42	
40	19.93	532.34	570 20	500.93	
41	19.84	523.72	577 90	503,44 +	
42	19.41	514.82	577 TO		
-:3	10.00	550 20		602.64	
44	19 %5	555 80	000 d0	600.15	
45	20.05	551 63	593.30	615 35	
÷6	20.27		601 30 600 40	621.36	
17	(1) (1)	537.56	003.10	623 37	
3	20.3	173 15	51 t :0.	0.34.57	
:3		3.1	(-0.10	441.53	
20	20.13	:64.74	e.34.1 0	C47 C8	
,,,	21 53	533652	C :2 70	653 7 9	

(Add .206 to the daily rate for each point over 50) (Subract \$6.85 from the daily rate for each child ages three and above.)

SKILLED NURSING FACILITY -- PREDICTIOS (SMEARE) MUDEING COSTS BY FOINT COUNT (HEALTH SHARING HEALTH SHARING FACILITY -- PREDICTIOS (SMEARE) MIN (FROM HEALTH SHARING HEALTH SHARING FACILITY -- PREDICTION OF THE PROPINCE OF

The Count is included in HSA VIII are:

Kane	t.tcHonry	1.5ke		
	Daily		Montally Bates	
Coints	Rates	23 D 1, s	30 Days	31 Cays
10:313				
1	10.12	253.36	303 80	313.72
2	10.31	233 63	309 30	319 61
3	10.50	284 00	315 00	325.5 0
4	10.89	239.32	320.70	331 39
5	10.23	304.64	323.40	337 33
6	11 07	309.93	332.10	313.17
7	11.23	315 23	337 80	349.06
8	11.45	320 80	2:43.50	354.95
9 .	11.64	323 92	349.20	350.04
10	11,33	331.34	384 90	333.7 3
11	12.01	523 23	330 30	372 31
12	12 20	341.60	336 G 0	373.20
13	12.39	01692	371.70	33109
14	12.53	352 24	377.40	379 S 3
15	12.77	357.36	383.10	393.37
16	12.06	332.83	303.30	±01.76
17	13.15	383.20	364 50	407.65
13	13.34	373 52	-69 20	413.54
19	13 53	373 34	405.90	413 43
20	13.72	234 16	411 30	425 32
21	13 90	389 20	417 00	430,90
22	14 09	09152	422.70	435.79
23	14 28	303 34	423,40	442 63
21	14.47	≥35.18	434.10	448 57
25	14.53	410,43	469 80	÷5 1 ±3
26	14 85	415 30	4 (5 50	460.35
27	15.04	-21 12	451.20	488 24
28	15 23	423.44	453 90	472.13
29	15.42	431.73	462 60	473 02
30	15 61	437 03	465 30	483 91
31	15.79	442 12	473 70	433,49
32	15.93	4:7.:	473 40	495 33
23	16.17	452.76	485 10	501 27
34	16 26	453.13	490.8 0	507.16
35	16 95	463,49	406 50	513 05
23	16.74	777.72	552.20	513 94
37	15 33	474.34	a⊎7.9 0	524 83
33	17.12	4,333	513 50	510.72
23	17 31	434 63	519 3 0 1	533 31
÷0	17.50	400.00	525.00	543 60
41	17.03	405.04	530.40	540 63
-2	17.57	5 003	503 10	553 97
43	18.03	503/03	5:1:30	£20 d 5
4.4	15 25	517 00	£47 10	515.75
±5	13 44	518 32	5 5 3 20	571 €4•
-3	13 €3	521.51	883.00	577.53
17	18 32	516.73	\$3:43	573.42
3	11 01	E 17 23	477.3	222.31
:3	13.3	#37 € 3	_; ÷;)	615.10
٠, ٦	10.03	ε j. 32	13173	601 09

(Add .190 to the daily rate for each point over 50) (Subtract \$6.35 from the daily rate for each child ages three and above.)

SKILLED MURSING FACILITY -- PEDIATRIOS (SMF-PED) MURSING COSTS BY POINT COUNT HEALTH SERVICE AREA (USA) IX EXCEDED 1-1-73

The Counties included in PSA IX are:

Grundy	Kankakoe	Kendall	wat	
	Daily		Monthly Rates	
- Points	Bates	23 Days	30 Days	31.02/5
	0.00	220.12	0.10.70	187 0 3
1 2	9.29 9. 46	260.12 234.8 3	273.70 283.80	
3	9. 63	259.64	233.90	233.26
4	9.31	274 03	294.30	293.53 204.11
5	9.93	279.14	209.40	329.33
5 6	10.15	234 20	304.50	314 65
7	10.32	283.28	303.60	319 92
3	10.50	201.00	315.00	375 EQ 325 EQ
9	10.50	293.76	320.10	330.77
10	10.84	303.52	325.20	330.77 336.94
11	11.02	303.5 6	320.60	341 62
12	11.19	313 32	325.70	343 83
13	11.36	313.03	3:0:00	352.16
14	11.54	323.12	348 20	357.74
15	11.71	327 83	351.30	283 01
16	11.83	332.64	356 40	303 28
17	12.05	337.40	361.50	373.55
18	12.23	342.44	336.90	379.13
19	12.40	347.20	372.00	334,40
20	12.57	351.95	377.10	389 67
21	12.75	357.00	332.50	395 25
22	12.92	361.76	337.60	±00 52
23	13.09	366 82	392.7 0	405 79
24	13.27	371.56	398.10	411 37
25	13.44	376 32	403.20	416.64
26 26	13.61	361 0 3	403.30	421.91
27	13.73	335.84	413.40	427.13
23	13.96	300.88	416.80	÷32.76
29	14.13	395 84	423 30	433.03
30	14.30	400,40	429.00	443.30
31	14.48	405.44	434.40	443 83
32	14 65	410 20	439.50	454.15
33	14 82	414.96	444.60	459 42
34	15.00	420.00	450.00	465.80
35	15.17	424.73	405.10	470.27
36	15.34	420.52	420.20	475.54
37	15.51	434 23	405 30	450 31
33	15.69	439.32	470.70	426.39
39	15 36	444 08	475 80	431 66
40	16.03	443.34	480.90	495 93
41	16.21	453 : 8	+36.30	592 51
.12	16.33	453.64	491.40	507 73
43	16.55	463.40	495.50	513.05
44	16.73	463,44	501 90	513 63
45	16 9 0	473 20	597.00	523.90
46	17.07	477.26	512.10	529.17
.‡7	17.24	4:2 /2	517.20	531,44
43	17.42	437.73	5%2 €0	510.42
÷3	17.59	452.32	527 7 0	545 23
50	17.76	497.28	532 30	550 55
		3		,

(Add .174 to the daily rate for each point over 50) (Subtract \$6.85 from the daily rate for each child ages three and above.)

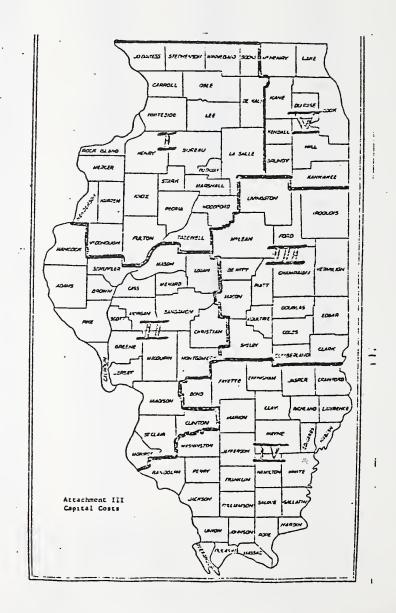
SXILLED NURSING FACILITY -- PEDIATRICS (SNF-PED) NURSING COSTS BY POINT COUNT HEALTH SCRVICE AREA (HSA) XI Effected 1-1-73

The Collinties included in HSA XI are:

Clinton	Madison	Monroe	St. Clair	
	Daily		Monthly Rates	
Points	Rates	23 Days	30 Days	31 Days
			000.40	309 38
1	9 98	279.44	299.40	
2	10.16	284.43	304.60	314 96 320 85
3	10 35	239.60	310 50	
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5	10.72	300 16	321 30	332 32
6	10 91	305 ‡3	327.30	333 21
7	11.09	310 52	332 70	343.79
8	11.23	313 31	333.40	3 19.63
9	11.47	321.16	344,10	355 57
10	11.05	326 20	349 50	361.15
11	11.84	331.52	355.20	367 04
12	12.02	336 56	360 60	372 62
13	12.21	341,33	363.30	373.51
14	12.40	317 20	372.00	384 40
15	12 53	262,24	377.40	369 98
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23	15 80	429.30	450.00	485.00
29	15.19	425 32	455.70	470.39
	15 37	430 36	461.10	476.47
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	16.49	461.72	424 70	511.13
36 37	16.57	408.76	500 10	516.77
37	16.37	472 03	GS 608	522 86
33	17 05	477.40	511 50	523 55
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(Add .137 to the daily rate for each point over 50) (Subtract \$6.35 from the daily rate for each child ages three and above.)

RULE 4.14 GROUP CARE SERVICES (CONT.)
ATTACHMENT III



IDPA RULES (THE NEXT PAGE IS 550)

STATE BOARD OF ELECTIONS
NOTICE OF PROPOSED EMERGENCY REGULATION

Proposed emergency adoption of a new regulation, Section 9.11, Filing Option for a Federal Political Committee, to be included in Part 9 of the Campaign Finance Regulations.

"Person" is defined by Section 1.07 of the Campaign Finance Regulations as "an individual, trust, partnership, committee, association, corporation or any other organization or group of persons."

This regulation will permit any person, as defined by Section 1.07 of the Campaign Finance Regulations, who qualifies as a political committee under the provisions of the Campaign Financing Act, as amended, to comply with the disclosure provisions of the Campaign Financing Act by filing copies of its reports of receipts and expenditures that are being filed with the Federal Election Commission. Such copies are to be filed with the State Board of Elections and/or the County Clerk, as the case may be, and shall be filed at the same time that such reports are filed with the Federal Election Commission. Such copies shall be filed in lieu of the reports of contributions and expenditures that are presently required by the Campaign Financing Act.

The text of the proposed emergency Regulation 9.11 is as follows:

9.11 Filing Option For a Federal Political Committee

Any "person," as defined by the Illinois Campaign Financing Act, qualifying as a political committee under such Act, may choose to comply with the provisions of the Illinois Campaign Financing Act by simultaneously filing all Federal Election Commission Reports with either the State Board of Elections, County Clerk, or both, as the case may be.

A political committee may choose to file reports pursuant to this regulation, either by amendment or for the first time, by stating on Part 7 of the Illinois Statement of Organization (Form D-1) the following, "Campaign Financing Reports will be filed pursuant to Section 9.11, Campaing Financing Regulations, State Board of Elections."

A political committe filing reports pursuant to this regulation for the first time shall additionally

file a copy of its last regular report on file with the Federal Election Commission.

A federal political committee, also qualifying as a state political committee under the Illinois Campaign Financing Act, shall simultaneously file a copy of all Federal Election Commission Reports with the State Board of Elections.

A federal political committee, also qualifying as a local political committee under the Illinois Campaign Financing Act, shall simultaneously file a copy of all Federal Election Commission Reports with the local County Clerk.

This regulation shall not authorize any person to receive or expend in Illinois an anonymous contribution on behalf of or in opposition to a candidate covered by the Illinois Campaign Financing Act; or in support of or in opposition to a question of public policy.

<u>Time and Manner in which Interested Persons may present their</u> views concerning the proposed Emergency Regulation

All interested persons are invited to comment upon this proposed change. All responses should be directed in writing, within 14 days of the publication of this proposed regulation in the Illinois Register, to Michael E. Lavelle, Chairman, State Board of Elections, Room 300, 100 N. LaSalle Street, Chicago, Illinois (60602).

NOTICE OF PROPOSED EMERGENCY REGULATION

Proposed emergency adoption of amendment to Regulation 1976-10 expanding the authority of the Regulation to Community College District Elections and requiring qualified civic organizations to register with election authority if they seek entitlement to pollwatchers.

This regulation will bring pollwatcher requirements in Community College Districts into conformity with those requirements presently in force in School Districts. As Community College District and School District Elections are held simultaneously, as a rule, such conformity is desirable. Moreover, this regulation provides for conformity, as regards pollwatcher requirements, between Community College Districts and School Districts and other election jurisdictions, e.g., counties and municipalities. The requirement that qualified civic organizations register with the election authority provides for orderly issuance of proper pollwatcher credentials.

The text of Proposed emergency amendment to Regulation 1976-10, as amended, is as follows:

STATE BOARD OF ELECTIONS

Amended Regulation 1976-10

CHALLENGERS AND POLLWATCHERS FOR SCHOOL DISTRICTS AND COMMUNITY COLLEGE DISTRICTS

WHEREAS, pursuant to the rule making authority of the State Board of Elections and for the purpose of providing uniform provisions for the electorate and organized groups of the electorate to serve as challengers and watchers at elections; and

WHEREAS, -any-voter-in-a-Sehool-District-general-election
may-have-his-right-to-vote-challenged-by-a-voter-at-such-election; -and

WHEREAS; -a-voter-in-a-School-District-general-election-must have-attained-18-years-of-age; -must-have-resided-in-the-State and-the-Sehool-District-for-28-days-immediately-preceding-the sehool-election-and-be-registered-to-vote-in-general-elections from-a-residence-located-in-the-Sehool-District; -now-therefore; the-State-Board-of-Elections-hereby-adopts-the-following-regulation-relating-to-ehallengers-and-watchers.

For School District or Community College District general elections, challengers and watchers shall hereinafter be classified, for the purpose of credential issuance, as "pollwatchers". The qualification and allowable number of pollwatchers for an Election shall be:

GENERAL-ELECTION

- 1.1. Candidates are permitted two pollwatchers per precinct.
 Such pollwatchers must be registered as voters in the School
 District or Community College District in which they are
 pollwatching.
- 1.2. A qualified civic organization, which has among its purposes the investigation or prosecution of election fraud, is entitled to one pollwatcher per precinct. Such qualified civic organization must be registered with the election authority. Such pollwatcher must be registered as a voter in the School District or Community College District in which he is pollwatching.
- 1.3. Organized proponents of a ballot proposition are entitled to two pollwatchers per precinct. Organized opponents of a ballot proposition are entitled to two pollwatchers per precinct. Such proponent and opponent organizations must be registered with the election authority. Such proponent and opponent pollwatchers must be registered as voters in the School District or Community College District in which they are pollwatchers.

 (Amended January 18, 1978.)

TIME AND MANNER IN WHICH INTERESTED PERSONS MAY PRESENT THEIR VIEWS CONCERNING THE PROPOSED EMERGENCY REGULATION

All interested persons are invited to comment upon this proposed change. All responses should be directed in writing, within 14 days of the publication of this proposed regulation in the Illinois Register, to Michael E. Lavelle, Chairman, State Board of Elections, Room 300, 100 North LaSalle Street, Chicago, Illinois (60602).

NOTICE BY THE ILLINOIS POLLUTION CONTROL BOARD OF THE PROPOSED AMENDMENTS OF THE RULES AND REGULATIONS GOVERNING BOARD PROCEDURE (CHAPTER 1) AND RULES AND REGULATIONS GOVERNING SOLID WASTE (CHAPTER 7)

NOTICE

PLEASE TAKE NOTICE THAT pursuant to Section 26 of the Illinois Environmental Protection Act, Illinois Revised Statutes, Chapter 111-1/2, §1026, the Pollution Control Board has proposed to amend the Procedural Rules, Chapter 1 of the Board's Rules and Regulations as they pertain to Notice of Variance Petitions and the Solid Waste Regulations, Chapter 7 as they pertain to Permit Applications. The proposed Regulations have been docketed as R77-16, Amendments to the Solid Waste Regulations and the Procedural Rules.

DESCRIPTION OF THE SUBJECT MATTER AND ISSUES INVOLVED

These amendments are being proposed so that the Pollution Control Board's Rules will require the notice of variance petitions and permit applications which is required in recent amendments to Sections 37 and 39 of the Environmental Protection Act (Ill. Rev. Stat. Ch. 111-1/2, Sections 1039 and 1037).

Both of these rules can be properly characterized as procedural. The Pollution Control Board's authority to adopt procedural rules is established in Section 26 of the Environmental Protection Act (Ill. Rev. Stat. Ch. 111-1/2, Section 1026).

The complete text of the involved Rules, as they are proposed to read after revision, follow. The existing text of affected Rules are printed to show the proposed revisions, with deletions indicated by strike-out and additions underlined.

PROPOSED AMENDMENTS TO CHAPTER 1: PROCEDURAL RULES AS IT PERTAINS TO NOTICE OF VARIANCE PETITIONS

Rule 403 of Chapter 1: Board Procedural Rules shall be amended as follows:

403 Notice of Petition.

- (a) The Board shall give notice of all variance petitions to all persons on its mailing list through publication of notice of the petition in the Board's Environmental Register in the first publication of the Environmental Register after the Board has considered the Petition in accordance with Rule 407(b).
- (b) The Agency shall give written notice of all variance petitions to any person in the county in which the installation or property is located for which the variance is sought who has in writing to the Agency requested notice of variance petitions, the States Attorney of such county, the Chairman of the County Board of such county, and to each member of the General Assembly from the legislative district in which the installation or property is located and to other persons as required by law. Within 10 days after the petition is filed, the Agency shall publish notice of such petition in a newspaper of general circulation in the county in which the installation or property is located for which the variance is sought.

PROPOSED AMENDMENTS TO CHAPTER 7: SOLID WASTE REGULATIONS AS IT PERTAINS TO PERMIT APPLICATIONS

It is proposed that a new Rule 205 of the Solid Waste Regulations be amended by adding a new subpart (k) and that it read as follows:

Rule 205: Applications for Permit.

(a) All applications for permit required under these Regulations shall contain all data and information specified in those Rules governing the type of facility for which the permit is required.

- (b) The Agency may adopt procedures requiring such additional information as is reasonably necessary to determine whether the solid waste management site will meet the requirements of the Act and Regulations.
- (c) The Agency may prescribe the form in which all information required under these Regulations shall be submitted.
- (d) All permit applications shall be signed by the owner and operator of the solid waste management site or their duly authorized agents, shall be accompanied by evidence of authority to sign the application and shall be certified as to all engineering features by a professional engineer.
- (e) All permit applications shall be mailed or delivered to the appropriate address designated by the Agency, and shall be sent by registered or certified mail, return receipt requested or delivered in person.

 Applications which are hand-delivered shall be delivered to and receipted for by the Manager of the Agency's Division of Land Pollution Control or his designee.
- An application for permit shall not be deemed filed (f) until the Agency has received, at the designated address, all information, documents, and authorizations in the form and with the content required by these Rules and related Agency procedures. However, if the Agency fails to notify the applicant within 45 days after the receipt of an application for a development permit and 30 days after the receipt of an application for an operating permit, that the application is incomplete, and of the reasons, the application shall be deemed to have been filed on the date received by the Agency. An applicant may deem the Agency's notification that the application is incomplete as a denial of the permit for purposes of review pursuant to Section 40 of the Act.
- (g) If the Agency fails to take final action on the application for development permit within 90 days from the filing thereof, or on the application for operating permit within 45 days from the filing thereof, the applicant may deem the permit granted on the 91st day or the 46th day after the application was filed.

- (h) Any applicant for a permit may waive the requirement that the Agency shall take final action within 90 days or 45 days from the filing of the application.
- (i) The Agency shall send all notices of final action by registered or certified mail, return receipt requested. Final action shall be deemed to have taken place on the date that such notice is mailed.
- (j) Any person adversely affected by the issuance of a permit may petition the Board for a hearing before the Board to contest the issuance by the Agency.
- Upon receipt of a request for a permit required by these regulations, the Agency shall notify the States Attorney and the Chairman of the County Board of the county in which the subject facility is located and each member of the General Assembly from the legislative district in which that facility is located and the clerk of each municipality any portion of which is within 3 miles of the facility.

All interested persons may present their views on this proposed action by submitting written comments to:

Ms. Christan L. Moffett, Clerk Illinois Pollution Control Board 309 W. Washington Street - Room 300 Chicago, Illinois 60606

All comments should be submitted within 45 days of today's date, and should refer to proceeding number R77-16.

NOTICE BY THE ILLINOIS POLLUTION CONTROL BOARD OF THE PROPOSED AMENDMENTS OF THE RULES AND REGULATIONS GOVERNING WATER POLLUTION (CHAPTER 3), NPDES

NOTICE

PLEASE TAKE NOTICE THAT pursuant to Sections 5, 11-13 (Title 3: Water Pollution), and 26-29 (Title 7: Regulations) of the Illinois Environmental Protection Act, Illinois Revised Statutes, Chapter 111-1/2, §1001 et seq. (1977), the Pollution Control Board has proposed to amend the Water Pollution Regulations, Chapter 3 of the Board's Rules and Regulations as they pertain to NPDES. The proposed regulations have been docketed R73-11, -12, Water Pollution Control Amendments: NPDES.

DESCRIPTION OF THE SUBJECT MATTER AND ISSUES INVOLVED

The Board's NPDES Regulations were modelled closely after the Federal Regulations which govern this permit system. These proposed amendments simply update the Board's Regulations to reflect Federal amendments.

Rule 906 of Chapter 3 sets minimum standards on public notice of proposed Agency determinations to issue, reissue, deny or modify discharge permits. Federal experience has shown that mandatory newspaper publication of these determinations has resulted in very little public participation. The Agency feels, and the Board agrees, that the significant expense associated with this form of public notice should only be incurred when necessary. The Agency will be processing many minor permit modifications and routine reissuances. This change will streamline that process without sacrificing public participation.

Rule 910(h)(6) allows the Agency to establish schedules of compliance in NPDES permits. The proposed amendment to this rule requires these schedules to coincide with any federally established deadline. The old rule mentioned only the July, 1977 deadline. The Board agrees that it would not be wise to tie

Illinois dischargers to this date when Congress has already indicated that this deadline should not be mandatory for all dischargers.

Rule 910(i) allows the Agency to require notification prior to the introduction of pollutants into publicly owned treatment works. The amendment removes the Agency's authority to require notice of new connections as a permit reporting requirement. The Board agrees that new connections are already adequately addressed in Rule 604. Consequently, it would only be duplicitous and time consuming to require notification here as well.

The complete text of the involved Rules, as they are proposed to read after revision, follow. The existing text of affected Rules are printed to show the proposed revisions, with deletions indicated by strike-out and additions underlined.

PROPOSED AMENDMENTS TO CHAPTER 3: WATER POLLUTION AS IT PERTAINS TO NPDES

1. Rule 906 of Chapter 3: Water Pollution shall be amended as follows:

906 Public Notice

- (a) Upon tentative determination to issue or deny an NPDES Permit, completion of the draft permit, if any, and not earlier than 10 days following notice to the applicant pursuant to Rule 905(d) above, the Agency shall circulate public notice of the completed application for an NPDES Permit in a manner designed to inform interested and potentially interested persons of the discharge or any proposed discharge of the proposed determination to issue or deny an NPDES Permit for the discharge or proposed discharge. Procedures for the circulation of public notice shall include at least the following concurrent actions:
- (1) Notice shall be mailed to the applicant;
- (2) Notice shall be circulated within the geographical areas of the proposed discharge; such circulation may

include any or all of the following:

- (i) Posting in the post office and public places of the municipality nearest the premises of the applicant in which the effluent source is located;
- (ii) Posting near the entrance to the applicant's premises and in nearby places;
- (iii) Publishing in local newspapers and periodicals, or, if appropriate, in a daily newspaper of general circulation; and
 - (iv) Any other requirements necessary to meet the requirements of the Act and the FWPCA;
- (2) Notice-shall-be-eirculated-within-the-geographical area-of-the-discharge-or-proposed-discharge-by publishing-in-local-newspapers-or-if-appropriate; in-a-daily-newspaper-of-general-eirculation;-such publication-shall-appear-at-least-on-three-success-ive-days;
- (3) Notice shall be mailed to any person or group upon request;
- (4) The Agency shall add the name of any person or group upon request to a mailing list to receive copies of notices for all NPDES applicants applications within the State of Illinois or within a certain geographical area.
- (b) The Agency shall provide a period of not less than 30 days following the date of first publication of the public notice during which time interested persons may submit their written views on the tentative determinations with respect to the NPDES application. All comments shall be submitted to the Agency and to the applicant. All written comments submitted during the 30-day comment period shall be retained by the Agency and considered in the formulation of its final determinations with respect to the NPDES application. The period for comment may be extended at the discretion of the Agency by publication as provided in Rule 906(a).
- (c) The contents of public notice of applications for NPDES Permits shall include at least the following:
 - (1) Name, address, and telephone number of the Agency;
 - (2) Name and address of the applicant;

- (3) Brief description of the applicant's activities or operations which result in the discharge described in the NPDES application (e.g., municipal waste treatment plant, steel manufacturing, drainage from mine activities);
- (4) Name, if any, of the waterway to which the discharge is made and a short description of the location of the discharge indicating whether it is a new or an existing discharge;
- (5) A statement of the tentative determination to issue or deny an NPDES Permit for the discharge described in the application;
- (6) A brief description of the procedures for the formulation of final determinations, including the procedures for submitting comments and expiration date of the comment period; and
- (7) Address and telephone number of Agency premises at which interested persons may obtain further information, request a copy of the draft permit, request a copy of the fact sheet, and inspect and copy NPDES forms and related documents.
- (d) The Agency may circulate public notice of applications for more than one NPDES Permit at a time. If a public notice deals with more than one NPDES Permit application, the information required by Rule 906(b) above shall be included in the notice for each application.
- (e) To expedite the administrative disposition of NPDES Permit applications, the Agency may publish, for one or more NPDES Permit applications at a time, combined public notices and notices of public hearing as required by Rule 909 hereof. Any such combined public notice and notice of hearing shall contain all the information which would be required and shall be circulated to all the persons to whom each notice would be required to be sent if the notices were published separately.
- (f) If, after the comment period provided, no public hearing is held with respect to the permit, the Agency shall, after evaluation of any comments which may have been received, either issue or deny the permit.

2. Rule 910 of Chapter 3: Water Pollution Regulations shall be amended to read as follows:

910 Terms and Conditions of NPDES Permits

(a) General Conditions

In establishing the terms and conditions of each issued NPDES Permit, the Agency shall apply and ensure compliance with all of the following, whenever applicable:

- (1) Effluent limitations under Section 301 and 302 of the FWPCA;
- (2) Standards of performance for new sources under Section 306 of the FWPCA;
- (3) Effluent standards, effluent prohibitions, and pretreatment standards under Section 307 of the FWPCA;
- Any more stringent limitation, including those (4)(i) necessary to meet water quality standards, treatment standards, or schedules of compliance, established pursuant to any Illinois statute or regulation (under authority preserved by Section 510 of the FWPCA), (ii) necessary to meet any other federal law or regulation, or (iii) required to implement any applicable water quality standards; such limitations to include any legally applicable requirements necessary to implement total maximum daily loads established pursuant to Section 303(d) of the FWPCA and incorporated in the continuing planning process approved under Section 303(e) of the FWPCA and any regulations or guidelines issued pursuant thereto;
- (5) Any more stringent legally applicable requirements necessary to comply with a plan approved pursuant to Section 208(b) of the FWPCA;
- *(6) Prior to promulgation by the Administrator of the U.S. Environmental Protection Agency of applicable effluent standards and limitations

^{*}Note - Rule 910(a)(6) was declared invalid by the Illinois Appellate Court, Fifth District, in Peabody Coal Co. v. PCB, No. 74-341, Jan. 29, 1976.

pursuant to Sections 301, 302, 306 and 307 of the FWPCA, such conditions as the Agency determines are necessary to carry out the provisions of the FWPCA; and

- (7) If the NPDES Permit is for the discharge of pollutants into navigable waters from a vessel or other floating craft (except that no NPDES Permit shall be issued for the discharge of pollutants from a vessel or other floating craft into Lake Michigan) any applicable regulations promulgated by the Secretary of the Department in which the Coast Guard is operating, establishing specifications for safe transportation, handling, carriage, storage and stowage of pollutants.
- (b) Water Quality Standards and Waste Load Allocation

In any case in which an NPDES Permit includes as conditions the effluent standards and limitations described in subsections (1), (2) and (3) of Section (a) of this Rule 910, the Agency shall have determined and verified that the discharge authorized by the permit will not violate applicable water quality standards or a schedule of compliance to achieve applicable water quality standards contained in the NPDES Permit. In any case in which an NPDES Permit applies any more stringent effluent limitation based on applicable water quality standards, a waste load allocation shall be prepared to ensure that the discharge authorized by the permit is consistent with applicable water quality standards.

(c) Effluent Limitations

In the application of effluent standards and limitations, water quality standards, and other applicable requirements, the Agency shall, for each permit, specify average and maximum daily quantitative limitations for the level of pollutants in the authorized discharge in terms of weight (except pH, temperature, radiation, and any other pollutants not appropriately expressed by weight, and except for discharges whose constituents cannot be appropriately expressed by weight). The Agency may, in its discretion, in addition to specification of daily quantitative limitations by weight, specify other limitations, such as average or maximum concentration limits, for the level of pollutants in the authorized discharge. Effluent limitations for multiproduct operations shall provide for

appropriate waste variations from such plants. Where a schedule of compliance is included as a condition in a permit, effluent limitations shall be included for the interim period as well as for the period following the final compliance date.

(d) Federal New Source Standards of Performance

Notwithstanding any other provisions of these regulations, any point source, the construction of which is commenced after the date of enactment of the FWPCA and which is so constructed as to meet all applicable federal standards of performance as defined in Section 306 of the FWPCA and Rule 104 of this Chapter, shall not be subject to any more stringent federal standard of performance during:

- (1) A 10-year period beginning on the date of completion of such construction, or
- (2) The period of depreciation or amortization of such facility for the purposes of Section 167 or 169 (or both) of the Internal Revenue Code of 1954, whichever period ends first.
- (e) Duration of Permits

All NPDES Permits shall be issued for fixed terms not to exceed five years.

- (f) Authority to Establish Recording, Reporting, Monitoring and Sampling Requirements
 - (1) The Agency shall require every holder of an NPDES Permit, as a condition of the NPDES Permit issued to the holder to,
 - (i) Establish, maintain and retain records;
 - (ii) Make reports;
 - (iii) Install, calibrate, use and maintain monitoring equipment or methods (including where appropriate, biological monitoring methods);
 - (iv) Take samples of effluents (in accordance with such methods, at such locations, at such intervals, and in such a manner as may be prescribed); and
 - (v) Provide such other information as may reasonably be required.

- (2) The Agency may require every holder of an NPDES Permit for a publicly owned and publicly regulated treatment works, as a condition of the NPDES Permit, to require industrial users of such a treatment works to:
 - (i) Establish, maintain and retain records;
 - (ii) Make reports;
 - (iii) Install, calibrate, use and maintain monitoring equipment or methods (including where appropriate, biological monitoring methods);
 - (iv) Take samples of effluents (in accordance with such methods, at such locations, at such intervals, and in such a manner as may be prescribed); and
 - (v) Provide such other information as may reasonably be required.
- (3) All such requirements shall be included as conditions of the NPDES Permit issued to the discharger, and shall be at least as stringent as those required by applicable federal regulations when these become effective.
- (g) Authority to Apply Entry and Inspection Requirements

Any holder of an NPDES Permit and any industrial user of a publicly owned or publicly regulated sewage treatment plant, shall be required as a condition of the NPDES Permit issued to the holder, and in accordance with constitutional limitations, to allow any authorized representative of the Agency, upon presentation of his credentials, to:

- (1) Enter any premises of a permittee or of an industrial user of a publicly owned or publicly regulated treatment works in which premises an effluent source is located or in which any applicable records that are required to be maintained;
- (2) At reasonable times have access to and copy any records required to be maintained;
- (3) Inspect any monitoring equipment or method which is required;
- (4) Have access to and sample any discharge of con-

taminants to State waters or to publicly owned or publicly regulated treatment works resulting from the activities or operations of the permittee or industrial user; and

(5) Inspect, sample, photograph, or otherwise investigate any part of the facilities or equipment of the permit holder or industrial user which the Agency may deem necessary in order to determine the possibility of a present or future violation of the Act, applicable regulations, or any NPDES Permit condition.

The requirements set forth in subsections (1) through (5) above shall be set forth in all NPDES Permits as terms and conditions thereof.

(h) Schedules of Compliance

The Agency shall establish schedules of compliance in NPDES Permits in the following manner:

- (1) With respect to any discharge which is not in compliance with applicable effluent standards and limitations, applicable water quality standards, or other legally applicable requirements, the permittee shall be required to take specific steps to achieve compliance therewith in the shortest reasonable period of time consistent with the guidelines and requirements of FWPCA and the Act.
- In any case where the period of time for com-(2) pliance specified in Subsection (1) above exceeds 9 months, a schedule of compliance shall be specified in the permit which will set forth interim requirements and the dates for their achievement; in no event shall more than 9 months elapse between interim dates. If the time necessary for completion of the interim requirement is more than 9 months and is not readily divided into stages for completion, interim dates shall be specified for the submission of reports of progress toward completion of the interim require-For each NPDES Permit schedule of compliance, interim dates and the final date for compliance shall, to the extent practicable, fall on the last day of the months of March, June, September, and December.
- (3) Not later than 14 days following each interim

date and the final date of compliance, the permittee shall provide the Agency with written notice of the permittee's compliance or noncompliance with the interim or final requirement.

- (4) Interim and final compliance dates in NPDES Permits shall be enforceable without otherwise showing a violation of an effluent limitation or injury to water quality.
- (5) The Agency shall make available for public inspection and copying at its Springfield and Chicago offices a copy of the quarterly list as filed with the Regional Adminstrator in accordance with 40 CFR 124.44(d).
- (6) The Agency may establish schedules of compliance in NPDES Permits pursuant to applicable federal requirements, which may be earlier or later than deadlines established by otherwise applicable regulations of the Board, provided that all schedules of compliance shall require compliance at the earliest reasonable date. However, the Agency shall not issue an NPDES Permit containing a schedule of compliance beyond July 1, 1977, or any other compliance date established by federal law, to any applicant who is not in compliance with, or who has not obtained a variance from applicable Illinois Water Pollution Regulations, or who has not been ordered to apply for and obtain all necessary permits in an appropriate Board enforcement action, for which the deadline for compliance occurred before the effective date of these NPDES Regulations.
- (7) In any case in which an NPDES Permit includes a schedule of compliance, the Agency shall include in its final determination a statement of the factual basis for such schedule.
- (8) Schedules of compliance established by the Agency in NPDES Permits shall be subject to review by the Pollution Control Board in accordance with Rules 911 and 912 herein.
- (i) Authority to Require Notice of Introduction of Pollutants into Publicly Owned Treatment Works

The Agency shall include in all NPDES Permits

issued to publicly owned or publicly regulated treatment works conditions requiring the permittee to give notice to the Agency of the following:

- (1) Any new introduction of pollutants into such works from a source which would be a new source as defined in Section 306 of the FWPCA if such source were discharging pollutants directly to the waters of the State;
- (2) Except as to such categories and classes of point sources or discharges which may be specified by the Agency, any new introduction of pollutants into such treatment works from a source which would be a point source subject to Section 301 of the FWPCA if it were discharging such pollutants directly to the waters of the State;
- (3) Any substantial change in volume or character of pollutants being introduced into such treatment works by a source introducing pollutants into such works at the time of issuance of the permit; and
- (4) New-connections-to-the-treatment-works-in accordance-with-the-following-schedule-(which shall-be-determined-by-the-Agency):
 - (i) Annually-for-those-treatment-works-whose hydraulie-or-biological-loading-does-not exceed-80-percent-of-the-design-average capacity;
 - (ii) Quarterly-for-those-treatment-works
 whose-hydraulic-or-biological-loading
 exceeds-80-percent-but-does-not-exceed
 90-percent-of-the-design-average-capacity;
 and
 - (iii) Monthly-for-those-treatment-works-whose
 hydraulie-or-biological-loading-exceeds
 90-percent-of-the-design-average-capacity-
- All notices required of publicly owned or publicly regulated treatment works pursuant to this Section 910(i) shall be in such form and content as the Agency may require, and shall include information on:

- (i) The quality and quantity of wastewater to be introduced into such treatment works, and
- (ii) Any anticipated impact of such change in the quantity or quality of effluent to be discharged from such publicly owned or publicly regulated treatment works.
- (j) Authority to Insure Compliance by Industrial Users With Sections 204(b), 307, and 308 of the FWPCA

Any NPDES Permits issued to a publicly owned or publicly regulated treatment works shall include as a condition that the permittee shall require that any industrial user of such treatment works will comply with federal requirements concerning:

- (1) User charges and recovery of construction costs pursuant to Section 204(b) of the FWPCA, and applicable regulations appearing in 40 CFR 35;
- (2) Toxic pollutants effluent standards and pretreatment standards pursuant to Section 307 of the FWPCA; and
- (3) Inspection, monitoring and entry pursuant to Section 308 of the FWPCA.

As a means of insuring such compliance, the permittee shall require each industrial user subject to the requirements of Section 307 of the FWPCA to comply with this Rule. The permittee shall send to the Agency periodic notice (over intervals not to exceed 9 months) of progress toward full compliance with the requirements of Section 307 of the FWPCA.

(k) Maintenance and Equipment

Any NPDES Permit issued shall include as a condition that the permittee shall at all times maintain in good working order and operate as efficiently as possible any facilities or systems of control installed by the permittee to achieve compliance with the terms and conditions of the permit.

(1) Toxic Pollutants

Any NPDES Permit issued shall include as a condition that if a toxic effluent standard of prohibition (in-

cluding any schedule of compliance specified in such effluent standard or prohibition) is established under Section 307(a) of the FWPCA for a toxic pollutant which is present in the permittee's discharge and such standard or prohibition is more stringent than any limitation upon such pollutant in the NPDES Permit, the Agency shall revise or modify the permit in accordance with the more stringent standard or prohibition and shall so notify the permittee.

(m) Deep Well Disposal of Pollutants

All NPDES Permits shall include such additional terms and conditions as may be required to prohibit or control the disposal of pollutants into wells in order to prevent pollution of ground and surface water resources and to protect the public health and welfare.

- (n) Authorization to Construct
 - (1) No person shall cause or allow the construction of any new treatment works, disposal well or wastewater source for which an NPDES Permit is required or cause or allow the modification of any existing treatment works, disposal well or wastewater source for which an NPDES Permit is required unless such NPDES Permit contains an authorization to construct as a condition of such permit.
 - Any holder of a valid NPDES Permit who proposes (2) or is required as a condition of such NPDES Permit or of any order of the Pollution Control Board to construct or modify any treatment works, disposal well, wastewater source, or process modification which results in new or increased discharges of pollutants, shall complete, sign and submit an NPDES application for such construction or modification, in accordance with the instructions provided with the form, no later than 180 days in advance of the date on which construction or modification is to begin. No person shall commence construction until the holder of the NPDES Permit shall have received a modification to the NPDES Permit, or a new NPDES Permit if required, which contains an authorization to construct as a condition of such permit.
 - (3) The Agency shall not issue any authorization to construct unless the applicant submits adequate proof, including any of the information or docu-

ments set forth in Rule 957 as the Agency may require, which ensures that the proposed construction, modification or operation

- (i) Either conforms to the criteria promulgated by the Agency under Rule 957 or is based on other criteria which the applicant proves will produce consistently satisfactory results; and
- (ii) Will not cause a violation of the conditions of the NPDES Permit.

All interested persons may present their views on this proposed action by submitting written comments to:

Ms. Christan L. Moffett, Clerk Illinois Pollution Control Board 309 W. Washington Street - Room 300 Chicago, Illinois 60606

All comments should be submitted within 45 days of today's date, and should refer to proceeding number R73-11,12.

- A. Agency: Illinois Environmental Protection Agency (Agency)
- B. Proposed Action: Revise the "Criteria for Determining Construction Grant Priorities for Municipal Sewage Treatment Works Needs - Fiscal Year 1978" ("Criteria"). This was filed December 19, 1977.
- C. Statutory Authority: Illinois Revised Statutes Chapter 111 1/2, Section 1004(1).
- D. Description: The "Criteria" are utilized by the Agency to determine priorities for State or Federal grants for Sewerage Works projects proposed by local units of government in Illinois. These revisions to the "Criteria" introduce a significance test for projects for unsewered communities, in effect assigning relatively low priority for such projects, unless a risk to the public health or a deteriorated aquatic environment, arising from existing conditions in the community, have been demonstrated through field investigations and a community survey.
- E. Text: Attached. The complete test is provided, and the portions of the "Criteria" which have been revised are identified through the use of capital letters.
- F. Public Input: Comment on these revisions to the "Criteria" should be directed to:

Grant Administration Section
Division of Water Pollution Control
Illinois Environmental Protection Agency
2200 Churchill Road
Springfield, Illinois 62706

Questions should be directed to Michael J. Hayes or Thomas R. Wallin at 217/782-2027.

ILLINOIS ENVIRONMENTAL PROTECTION AGENCY DIVISION OF WATER POLLUTION CONTROL

CRITERIA FOR DETERMINING CONSTRUCTION GRANT PRIORITIES FOR MUNICIPAL SEWAGE TREATMENT WORKS NEEDS

FISCAL YEAR 1979

EFFECTIVE DATE MARCH 1, 1978

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DECEMBER, 1977

0.0 INTRODUCTION

0.1 Filing of Pre-Applications and Priority Scoring Summaries

A community which has a need for a sewage treatment works improvement files a pre-application and a priority scoring summary (reference Appendix A) with the Illinois Environmental Protection Agency (Agency), at any time during the year.

0.1.1 Agency Action

The Agency assigns a number to the pre-application and reviews the priority scoring summary to verify that the summary has been completed in accordance with the criteria contained herein. Then, at the time of preparation of the preliminary priority list, the Agency enters the need on the list.

0.1.2 Publication of the Priority List

The Agency publishes the preliminary priority list once each year in connection with the annual hearings on the Agency's Water Pollution Control Plan. Following the hearings, the Agency may modify the preliminary list in response to public comment received at the hearings and the Agency then submits the final priority list to the United States Environmental Protection Agency (USEPA) for approval.

0.1.3 Renewal of Pre-applications and Priority Scoring Summaries

A community is not required to renew a pre-application or a priority scoring summary unless the scope, schedule, scoring data or grant request differs from that of the previous year, and unless the community has not yet advised the Agency of the changes.

0.2 <u>Segment Ranking Index and Municipal Discharge Index and Grant Priority Index</u>

0.2.1 <u>Segment Ranking Index</u> (SRI)

Federal regulations (40 CFR 130.20(a)(2)) require the Agency to annually prepare a State River Basin Segment Ranking.

The procedures for determining SRI values is available from the Agency upon request.

0.2.2 Municipal Discharge Index (MDI)

Federal regulations (40 CFR 35.915) require the Agency to annually prepare a State Municipal Discharge Inventory, which is to be a "ranking of significant municipal discharges".

As the first step in developing the Municipal Discharge Inventory it was necessary to define a "significant municipal discharger". The definition which has been developed is based on the concept of eligibility for Federal grant assistance for construction of facilities required to prevent water pollution by the discharge. Sewerage utilities and privately-owned subdivision sewage treatment plants have been omitted from the inventory since they are not eligible for grants.

The procedure for determining MDI values is contained in Section 1.0 of these criteria.

0.2.3 Grant Priority Index (GPI)

Federal guidelines for preparation of the Construction Grant Project List (40 CFR 35.915 (c)(1)) state that "...the State shall consider the severity of pollution problems, and population affected, the need for preservation of high quality waters, and national priorities as well as total funds available, project and treatment works sequence and additional factors identified by the State in its priority system...".

The procedures for determining GPI values is contained in Section 2.0 of these criteria.

0.3 Prerequisites for Grant in Addition to Priority

In addition to the Criteria for determining SRI, MDI, and GPI values, even though a need may appear on the priority list prepared in accordance with these criteria, a number of conditions must be met before the project(s) will be unconditionally certified to the United States Environmental Protection Agency as entitled to priority for award of grant:

0.3.1 The grant pre-application must have been filed prior to the March 1 deadline by an eligible unit of government in a manner consistent with procedures required by the Agency. (Reference Appendix A.) (The only exceptions to this pre-application filing requirement are that, for needs which were not included in preapplications which were previously filed, if:

- 0.3.1.1 the needs were subsequently defined in a facility plan OR MUNICIPAL NEEDS ANALYSIS, or if
- 0.3.1.2 the needs can be anticipated from the results of a field inspection by Agency staff.)
- 0.3.2 The grant application, facilities planning (Step 1), design (Step 2), or construction (Step 3) must comply with all applicable requirements set forth in 40 CFR 35 E. In particular, all grant applicants must satisfy all applicable facilities planning requirements, including sewer system evaluation requirements, prior to unconditional certification for Step 2 or Step 3 grant.
- 0.3.3 The grant applicant must have applied for any necessary
 National Pollutant Discharge Elimination System Permit (NPDES
 Permit).
- O.3.4 No grant or combination of grants will be certified in an amount which will allow a single applicant or a service area of a single applicant to receive more than 50 percent of the available Federal and State Grant funds, unless such an award or combination of awards is deemed by the Director of the Agency to be in the best iterests of the citizens of Illinois.

0.4 Applicant Progress

0.4.1 <u>Satisfactory Progress</u>

Needs on the approved priority list for which Federal or State funds are available at the time of USEPA approval of the list (after deduction of the reserves specified in Section 0.5 below) to provide funding through Step 3 will retain their priority position until a Step 3 grant has been awarded, or until the need represented by that priority rank has been satisfied, provided that the applicant is progressing in a satisfactory manner toward satisfying the applicable grant applicant requirements of 40 CFR 35E. BEGINNING WITH THE FISCAL YEAR 1979 PRIORITY LIST, AN EXCEPTION TO THIS PROVISION TO RETAIN PRIORITIES WILL BE BROUGHT ABOUT FOR NEEDS OF UNSEWERED COMMUNITIES BY THE INCLUSION OF THE F6 FACTOR TO PRIORITY COMPUTATIONS (REFERENCE SECTION 2.2.2).

0.4.2 Unsatisfactory Progress

To prevent the possible loss of Federal funds to the State, provisions will be made to obligate those Federal funds allocated to the State which may be jeopardized by lack of progress by applicants which have high priority projects. The provisions may include amending the project priority list by deleting and/or adding projects.

ALSO, PROVISION WILL BE MADE TO AMEND THE PRIORITY LIST TO SET F5 EQUAL TO ZERO FOR ANY PROJECT WHICH DOES NOT PROGRESS IN A SATISFACTORY MANNER TOWARD COMPLYING WITH THE APPLICABLE GRANT APPLICATION REQUIREMENTS OF 40 CFR 35, IN PARTICULAR 40 CFR 35.917-6 REGARDING APPLICANT ASSURANCES THAT THE FACILITY PLAN WILL BE IMPLEMENTED AND 40 CFR 35.925-5 REGARDING APPLICANT ASSURANCES TO PAY THE NON-GRANT COSTS AND APPLICANT DEMONSTRATION OF LEGAL, INSTITUTIONAL, MANAGERIAL, AND FINANCIAL CAPABILITY TO INSURE FACILITY PLAN IMPLEMENTATION.

0.5 Reserves

0.5.1 Grant Increases

As required by the provisions of 40 CFR 35.915(g), a reserve of no less than five percent of each fiscal year's allotment of Federal funds will be established for use in funding of grant increases. The amount of this reserve will be specified in the Agency's annual Water Pollution Control Program, and may be amended as necessary.

0.5.2 Step 1 and Step 2 Grants

Pursuant to the provisions of 40 CFR 35.915(i), the Agency may establish a reserve (which, taken together with any reserve under Section 0.5.2 hereof, must not exceed 10% of the current year allotment) for use in advanced funding of Step 1 and Step 2 for needs for which Step 3 funds may not yet be available. The amount of this reserve, if established, will be specified for each fiscal year's allotment of federal funds, beginning with FY 1975, by a statement contained in the Agency's annual Water Pollution Control Program Plan, and may be amended as necessary.

Applicants which have needs which receive such advanced funding and which progress in a satisfactory manner (reference Section 0.4) shall retain their priority position through award of Step 3 grant or until the need represented by that priority rank has been satisfied.

Such advance funding will be awarded in the same manner as grants for high-priority needs which receive comment of funds through Step 3, except that commitment of funds through Step 3 will be contingent upon future availability of adequate Federal allotments and/or State appropriations.

THE AGENCY RESERVES THE OPTION TO WITHOLD SUCH ADVANCED STEP 2 FUNDING FOR UNSEWERED COMMUNITIES BY USE OF THE F6 FACTOR IN ACCORDANCE WITH SECTION 2.2.2.

0.5.3 Step 1 Grants

Pursuant to the provisions of 40 CFR 35.915(i), the Agency may establish a reserve (which, taken together with any reserve under Section 0.5.3 hereof, must not exceed 10% of the current year allotment) for use in advanced funding of Step 1 for needs for which Step 2 and Step 3 funds may not yet be available. The amount of this reserve, if established, will be specified for each fiscal year's allotment of federal funds, beginning with FY 1975, by a statement contained in the Agency's annual Water Pollution Control Program Plan, and may be amended as necessary.

Applicants which have needs which receive such advanced funding shall not retain their priority position through award of Step 3 funding unless:

- 0.5.3.1 Funding for Step 2 becomes available in addition to funding for Step 1, and
- 0.5.3.2 the applicant progresses in a satisfactory manner (reference Section 0.4).

Such advanced funding will be awarded in the same manner as grants for high-priority needs which receive commitment of funds through Step 3 except that commitment of funds through Step 3 will be contingent upon future availability of adequate Federal allotments and/or State appropriations.

THE AGENCY RESERVES THE OPTION TO WITHHOLD SUCH ADVANCED STEP 2 FUNDING FOR NEEDS FOR UNSEWERED COMMUNITIES BY USE OF THE F6 FACTOR IN ACCORDANCE WITH SECTION 2.2.2.

0.6 Previous Criteria for Determining Priorities

0.6.1. The Criteria for determining SRI values, as well as the SRI values, are identical to the criteria and values for Fiscal Year 1977.

- O.6.2 The Criteria for determining MDI values (reference Section 1.0) are identical to the criteria which were used in the determination of these values for Fiscal Year 1978 WITH THE EXCEPTION OF THE SECTIONS OF THESE CRITERIA WHICH ARE IN CAPITAL LETTERS.
- 0.6.3. The Criteria for determining GPI values (reference Section 2.0) are identical to the criteria which were used in the determination of these values for Fiscal Year 1978 WITH THE EXCEPTION OF THE SECTIONS OF THESE CRITERIA WHICH ARE IN CAPITAL LETTERS.

1.0 PROCEDURE FOR CALCULATING THE MUNICIPAL DISCHARGE INDICES (MDI)

1.1 Concept of the Municipal Discharge Index

In order to carry out the ranking of municipal dischargers, a quantitative formula has been developed which incorporates three considerations for accomplishing the ranking of discharges: (1) quantity of wastewater adjusted for strength; (2) adequacy of existing facilities for treating the existing wastewater load to design level; and (3) adjusted segment ranking index.

1.2 Specific Formula for the Municipal Discharge Index

The specific formula which considers these three factors is designed to produce a MDI value which becomes an important determinant of priority for grant assistance to the discharger. The forumula is as follows:

- 1.2.1. F1 = Discharge Quantity Factor
 = log₁₀ (P.E.**_{BOD}, existing load)**
- 1.2.2 F2 = Existing Facility Adequacy Factor

 = P.E. $^{*}_{BOD}$, existing load (industrial & domestic)**

 P.E. $^{*}_{BOD}$, existing design capacity
 - X daily average flow, existing load**

 daily average flow, existing design capacity

 + 1

^{* 1} PE_{BOD} = 0.17 lbs. of 5-day biochemical oxygen demand per day.

^{**} Where the applicant justified hydraulic and organic loadings on the basis of influent sampling and flow measurement results for a current 12 month period these justified values will be used. In cases where influent sampling and/or flow measurement results are not available for a current 12 month period and where the applicant justifies estimated connected domestic PE and provides (measured) industrial PE and/or where the applicant provides estimated flow based on 100 gpcpd and provides (measured) industrial flow, these justified values will be used.

1.2.3 F3 = Adjusted Segment Ranking Index

= <u>SRI</u>, <u>receiving segment</u> SRI, maximum statewide value

1.2.4 F6 = SIGNIFICANCE FACTOR

THE F6 FACTOR IS DETERMINED AS FOLLOWS:

THE MUNICIPALITY/APPLICANT HAS AN EXISTING SEWAGE

COLLECTION SYSTEM AND SEWAGE TREATMENT PLANT: EXCEPT

FOR A STORM SEWER OR FLOOD CONTROL NEED (IN WHICH CASE

F6 SHALL BE COMPUTED VIA THE PROCEDURES DESCRIBED IN

1.2.4.2.):

F6 = 1.0

0R

- THE MUNICIPALITY/APPLICANT IS A CURRENTLY UNSEWERED COMMUNITY, HAS NO CENTRAL TREATMENT FACILITY, OR HAS A NEED FOR A STORM SEWER OR FLOOD CONTROL ONLY: IN THIS CASE, THERE IS A TWO FOLD PROCESS FOR WHICH F6 VALUES ARE ASSIGNED ON TWO SEPARATE OCCASIONS.
 - 1) AT SUBMITTAL OF A PRE-APPLICATION FORM FOR PRIORITY, AND
 - AT COMPLETION OF FACILITIES PLANNING (STEP 1).

THE POINTS ASSIGNED FOR EACH MUNICIPALITY/APPLICANT UNDER THIS SECTION 1.2.4.2 CANNOT EXCEED 1.0 IN TOTAL AND ARE DETERMINED AS FOLLOWS:

1.2.4.2.1 AT THE TIME OF SUBMITTAL OF A PRE-APPLICATION FORM FOR SETTING OF PRIORITY, A F6 OF 1.0 IS ASSIGNED.

NOTE: F2 OF 2 FOR POLLUTIONAL DISCHARGE (REFERENCE SECTION 2.4.1.4) SHOULD NOT BE GIVEN UNTIL END OF FACILITY PLANNING.

- 1.2.4.2.2 UPON COMPLETION OF THE FACILITIES PLAN AND AGENCY REVIEW AND APPROVAL, THE F6 FACTOR IS REEVALUATAED. F6
 CUMULATIVE POINTS ARE THEN ASSIGNED AS FOLLOWS:
 - 1. IF AFTER COMPLETION AND APPROVAL OF THE FACILITIES PLAN, NO POINTS ARE ASSIGNED BASED ON 2, 3, 4, 5 AND 6 BELOW, F6 SHALL EQUAL O.

- ONE OR MORE DISCHARGES WHICH ARE NOT COMPLYING
 WITH AN EFFLUENT STANDARD OF 30 MG/L BOD AND 30
 MG/L SUSPENDED SOLIDS SHALL RESULT IN AN
 ADDITIONAL 0.1 POINT.
- 3. POLLUTED* AQUATIC ENVIRONMENT IN RECEIVING STREAM DOWN STREAM OF DISCHARGE(S) FROM DRAINAGE TILES SERVING COMMUNITY.

POINTS SHALL BE GIVEN AS FOLLOWS: 0.1 POINT FOR EACH FULL 600 FEET OF STREAM DEGRADED TO A POLLUTED* ENVIRONMENT AS A RESULT OF THE MUNICIPALITY'S/APPLICANT'S ACTIVITIES.

4. SEMI-POLLUTED* AQUATIC ENVIRONMENT IN THE RECEIVING STREAM DOWN STREAM OF DISCHARGE(S) FROM DRAINAGE TILES SERVING THE COMMUNITY.

POINTS SHALL BE GIVEN AS FOLLOWS: 0.075 POINT FOR EACH 600 FEET OF STREAM DEGRADED AS A RESULT OF SAID DISCHARGE(S) TO A SEMI-POLLUTED* ENVIRONMENT AS A RESULT OF THE MUNICIPALITY'S/APPLICANT'S ACTIVITIES.

5. UNBALANCED* AQUATIC ENVIRONMENT IN THE RECEIVING STREAM DOWN STREAM OF DISCHARGE(S) FROM DRAINAGE TILES SERVING THE COMMUNITY.

POINTS SHALL BE GIVEN AS FOLLOWS: 0.05 POINT FOR EACH FULL 600 FEET OF STREAM DEGRADED AS A RESULT OF SAID DISCHARGE(S) TO AN UNBALANCED* ENVIRONMENT AS A RESULT OF THE MUNICIPALITY'S/APPLICANT'S ACTIVITIES.

6. POINTS, FROM 0.0 TO 1.0, SHALL BE GIVEN FOR HEALTH HAZARDS IN THE MUNICIPALITY/COMMUNITY IN QUESTION RESULTING FROM MALFUNCTIONING OR INADEQUATE PRIVATE SEWAGE DISPOSAL SYSTEMS.

ASSIGNMENT OF POINTS SHALL BE BASED UPON:

SEVERITY AND OVERALL DISTRIBUTION OF THE HEALTH HAZARD AS JUDGED BASED ON THE CONTENT OF THE FACILITIES PLAN AND FIELD INVESTIGATIONS OF ILLINOIS ENVIRONMENTAL PROTECTION AGENCY IN COOPERATION WITH THE ILLINOIS DEPARTMENT OF PUBLIC HEALTH,

AND,

THE LEGAL, FINANCIAL, INSTITUTIONAL AND MANAGERIAL CAPABILITY OF THE APPLICANT TO IMPLEMENT THE FACILITY PLAN.

ADDITIONAL CRITERIA FOR SETTING HEALTH HAZARD POINTS.

- 1. HEALTH HAZARD POINTS ARE ASSIGNED BY THE MANAGER OF THE DIVISION OF WATER POLLUTION CONTROL.
- 2. APPLICANTS WILL BE NOTIFIED BY REGISTERED MAIL OF THE HEALTH HAZARD POINTS ASSIGNED.
- 3. IF THE APPLICANT WISHES TO APPEAL THE HEALTH
 HAZARD POINTS ASSIGNED IN THIS FASHION, SAID
 APPEAL MUST BE RECEIVED BY THE DIRECTOR OF THE
 ILLINOIS ENVIRONMENTAL PROTECTION AGENCY WITHIN
 30 DAYS OF THE DATE RECEIVED BY THE APPLICANT.
- 4. THE DIRECTOR OF THE ILLINOIS ENVIRONMENTAL
 PROTECTION AGENCY WILL MAKE THE FINAL DECISION
 REGARDING THE MERITS OF THE APPLICANT'S
 APPEAL.

THE ABOVE POINTS ALLOWED FOR EXTENT OF STREAM AFFECTED AND HEALTH HAZARDS ARE CUMMULATIVE. MULTIPLE DISCHARGES CAN RESULT IN MULTIPLE 600 FEET LONG SECTIONS OF STREAM BEING DEGRADED. IF INSUFFICIENT DATA IS AVAILABLE TO PROPERLY SCORE ITEMS 3, 4 AND 5 ABOVE, THEY WILL BE SET EQUAL TO ZERO.

1.2.4.3	*THE CLASSIFICATIONS PRESENTLY USED BY THE ILLINOIS ENVIRONMENTAL PROTECTION AGENCY TO EVALUATE STREAM ENVIRONMENTS ARE:
1.2.4.3.1	BALANCED ENVIRONMENT: INTOLERANT ORGANISMS ARE MANY IN NUMBER AND SPECIES, OR MORE IN NUMBERS THAN OTHER FORMS PRESENT.
	INTOLERANT MODERATE, FACULTATIVE AND PRESENT № 50% TOLERANT USUALLY PRESENT © 50%
1.2.4.3.2	UNBALANCED ENVIRONMENT: INTOLERANT ORGANISMS ARE LESS IN NUMBER THAN OTHER FORMS COMBINED, BUT COMBINED WITH MODERATE FORMS, THEY USUALLY OUTNUMBER TOLERANT FORMS.
	INTOLERANT PRESENT < 50% BUT > 10%. MODERATE, FACULTATIVE AND TOLERANT USUALLY PRESENT BUT > 50%
1.2.4.3.3	SEMI-POLLUTED ENVIRONMENT: INTOLERANT ORGANISMS ARE FEW OR MAY NOT BE PRESENT. MODERATE AND/OR FACULTATIVE ORGANISMS PRESENT.
	INTOLERANT MODERATE, FACULTATIVE AND TOLERANT USUALLY PRESENT > 90%
1.2.4.3.4	POLLUTED ENVIRONMENT: INTOLERANT ORGANISMS ABSENT, ONLY TOLERANT ORGANISMS PRESENT OR NO ORGANISMS PRESENT.
	TOLERANT PRESENT 100%*.
	ORGANISMS WHICH ARE NOT ADAPTED TO INHABIT A POLLUTED ENVIRONMENT ARE OCCASIONALLY COLLECTED AS A RESULT OF FACTORS PRODUCED BY THE DRIFT AND ARE NOT REPRESENTATIVE.

MDI = <u>Municipal Discharge Index</u>

 $= F1 \times F2 \times F3 \times F6$

1.3 Range of Values of the MDI for FY 1978

According to this formula, the "worst" municipal discharge is identified by the largest MDI value of ____ and the municipal discharge least in need of attention from the Agency is the one whose MDI value is __.

The range of values for the components of the MDI are:

F1:	to	
F2:	 to	
SRI:	 to	
F3:	 to	
F6:	 to	

2.0 PROCEDURE FOR CALCULATING THE GRANT PRIORITY INDICES (GPI)

2.1 Concept of the Grant Priority Index

The MDI value derived by the procedure previously described is used as an input to a formula which produces a "Grant Priority Index" for each need. To derive a Grant Priority Index (GPI) value, it is also necessary to consider the corrective measures required to provide the degree of treatment needed for meeting State effluent standards or other effluent limitations. This is accomplished through a scoring procedure which:

- 2.1.1 establishes relative values for: secondary, tertiary, advanced and supplemental treatment processes for the treatment of average daily dry weather flow and maximum daily dry weather flow; primary treatment and disinfection of maximum wet weather flow; modification of existing processes; expansion of sludge disposal facilities; flood control facilities and trunk and lateral sewers
- 2.1.2 assigns the established values for:
 - 2.1.2.1 addition of any required secondary and/or supplemental treatment processes where, at the present time, the required processes are

non-existent. The additional treatment processes required would be determined based on the following dilution ratios:

<u>Dilution Ratio</u>	Processes Required*
Greater than 5:1	Primary, Secondary
Greater than 1:1 and less than 5:1	Primary, Secondary, Tertiary, Nitrification
Less than 1:1	Primary, Secondary, Tertiary, Advanced, Nitrification

- * Some needs may also require phosphorus removal or nitrification regardless of their dilution ratio.
- 2.1.2.2 additional capacity for currently (hydraulically and/or organically) overloaded treatment processes: If the average daily flow or the connected population equivalent (for a 12 month period) exceeds the design of any of the treatment processes (exclusive of sludge beds), the entire treatment plant will be classified as overloaded.
- 2.1.2.3 needs which involve the upgrading of existing treatment plant will be credited with one point for "Modifications of existing processes which do not increase capacity or degree of treatment".
- 2.1.2.4 the construction of new trunk and lateral sewers to provide an extension of service from an existing collection system or the rehabilitation of existing sewers, which rehabilitation will not eliminate excessive infiltration/inflow.
- THE CONSTRUCTION OF A NEW COLLECTION SYSTEM AND TREATMENT WORKS TO SERVICE A PRESENTLY UNSEWERED COMMUNITY WHERE A DISCHARGE OF RAW OR PARTIALLY TREATED SEWAGE EXISTS, OR WHERE NO DISCHARGE EXISTS.

2.2 Specific Determination of the Grant Priority Index

- 2.2.1 Based on the above assignment of values, a multiplication factor to convert a MDI or GPI, namely F4, is derived through a summation of the assigned values for the need:
 - F4 = Point values assigned for additional treatment processes required
 - + currently overloaded facilities

+ rehabilitation
Specifically, the established F4 values are the following:

Treatment	Average Dry	Maximum Dry Weather Flow	Maximum Wet Weather Flow
Process	Weather Flow	weather flow	weather 1 low
Primary	0	0	8
Secondary	14	10	0
Tertiary (10/12)	8	6	0
Advanced (4/5)	4	2	0
Disinfection	6	6	6
Phosphorus Removal	5	3	0
Nitrification	8	6	0
Inadequate Sludge Pr	rocessing Facilitie	S	6 -
Modifications of ex which do not increas		ee of treatment	1
or			
Wastewater reuse or	recycling; Flood C	control Projects;	

Range of Values: 0 to 99

2.2.2 F5 is a factor which is added to the raw GPI value for those needs whose priority position is to be retained (reference Sections 0.4.1 and 0.5.3).

THE VALUE OF F5 WILL BE RETAINED ONLY IF THE VALUE OF THE QUANTITY F1 x F2 x F3 x F6 x F4 IS GREATER THAN THE CORRESPONDING QUANTITY FOR THE LOWEST PRIORITY NEED WHICH HAS A F5 VALUE GREATER THAN ZERO.

IF THE VALUE OF THIS QUANTITY DOES NOT MEET THIS TEST, F5 FOR THE NEED WILL BE REDUCED TO ZERO FOLLOWING THE COMPLETION OF FACILITY PLANNING AND SUBSEQUENT DETERMINATION OF F6.

2.2.3 After the value of F4 is determined, the GPI value for each need is calculated:

GPI = Grant Priority Index

 $= MDI \times F4 + F5$

2.3 Range of Values

Range of values: ____ - ___

Needs are ranked for grant funding priority in decreasing order of GPI value; thus, the larger the GPI value, the higher the grant priority.

2.4 Scoring Conventions

Specifically, the priority system just described is applied with the following conventions and general results (see Appendix B to this document for examples of each of the following general cases):

2.4.1 Expansion and/or upgrading of an existing sewage treatment plant, or construction of a new sewage treatment plant, or sewer rehabilitation work to eliminate excessive infiltration/inflow.

- 2.4.1.1 expansion and/or upgrading of an existing sewage treatment plant, a new sewage treatment plant to serve a currently sewered area, or sewer rehabilitation work which will eliminate excessive infiltration/inflow: the MDI value for the plant, together with the F4 value for the treatment processes affected at the plant* are used to calculate the GPI value for the need.
- 2.4.1.2 construction of a new sewage treatment plant for a currently unsewered community: since a quantifiable discharge does not exist, an "equivalent" MDI value must be calculated. For this purpose, the estimated current population equivalent of the area to be served is used in calculating F1; F2 is set equal to 1.0; and the segment to receive the proposed discharge determines F3. A SIGNIFICANCE FACTOR TO

- 1. where the sewer rehabilitation work will solve an inflow problem, the F4 value shall be determined from the existing need ** for provision of adequate primary treatment and/or disinfection for wet weather flow in the excess of maximum dry weather flow.
- where the sewer rehabilitation work will solve an infiltration and inflow problem, the F4 value shall be determined from the existing need** for provision of adequate primary and/or secondary and/or tertiary and/or advanced and/or supplemental treatment of dry weather flow.
- where the sewer rehabilitation work will solve an infiltration and inflow problem, the F4 value shall be determined from the existing need** for provision of adequate primary and/or secondary and/or tertiary and/or advanced and/or supplemental treatment of dry weather flow as well as the existing need for provision of primary and/or disinfection of wet weather flow in excess of maximum dry weather flow.
- ** Existing need should be determined using overload/no overload criteria for existing treatment processes and dilutation ratio for additional processes required by effluent standards.

^{*} treatment processes affected at the plant for sewer rehabilitation projects:

REFLECT THE IMPACT OF THE DISCHARGE ON THE RECEIVING STREAM AND PUBLIC HEALTH HAZARDS IS DETERMINED AS DESCRIBED IN 1.2.4.2 TO CALCULATE F6. The MDI is then calculated (MDI = F1 x F2 x F3 x F6). The treatment processes required at the proposed sewage treatment plant determine F4. The GPI is then calculated (GPI = MDI x F4).

- 2.4.1.3 construction of a new regional plant or expansion and/or upgrading of an existing sewage treatment plant to phase out one or more existing sewage treatment plants: the highest of the MDI values as well as the highest of the F4 values among the values for the existing or proposed regional plant and the values for the existing or proposed regional plant and the values for the existing plant (s) to be phased out (exclusive of non-municipally owned treatment works) are used to calculate the GPI for the regional plant.
- 2.4.1.4 construction of a new sewage treatment plant for a currently unsewered community where a discharge of raw or partially treated sewage does exist.* An "equivalent" MDI must be calculated. For this purpose, estimated current population equivalent of the area to be served is used in calculating F1; F2 is set equal to 2.0 AFTER COMPLETION AND APPROVAL OF THE FACILITIES PLAN; and the segment to receive the proposed discharge determines F3. A

**

A point discharge of raw or partially treated sewage exists, for purposes of determing priority, if the applicant establishes that the PE** (BOD) of the discharge from the sewer system is at least equal to 65 percent of the total domestic population plus 100 percent of any tributary industrial PE** (BOD), on the hasis of no less than three samples (24 hour composite) of the discharge, collected directly from the "sewer system" outfall to the receiving stream and corresponding comparable flow measurements of the discharge, on different days. Copies of laboratory reports must be submitted as a part of the facilities planning documents to permit a need to quality under these criteria, and an on-site investigation by Agency representatives may be made, in which case the Agency investigation results will be considered conclusive for scoring purposes.

see single asterisk on page 9.

SIGNIFICANCE FACTOR TO REFLECT THE IMPACT OF THE DISCHARGE ON THE RECEIVING STREAM AND PUBLIC HEALTH HAZARDS IS DETERMINED AS DESCRIBED IN 1.2.4.2 TO CALCULATE F6.

The MDI is then calculated (MDI = F1 x F2 x F3 x F6). The GPI is then calculated (GPI = MDI x F4).

- 2.4.2 Construction of a intercepting sewer:
 - 2.4.2.1 relief intercepting sewers, where the existing intercepting sewer is not capable of transporting the flows which are presently tributary to it:
 - 2.4.2.1.1 relief sanitary intercepting sewer: proceed in a manner identical to that in 2.4.1.1 above.
 - 2.4.2.1.2 relief combined intercepting sewer: proceed in a manner identical to that in 2.4.3 below.
 - 2.4.2.2 transport of sewage from end point(s) of
 existing collection system(s) to an existing or
 proposed regional sewage treatment plant:
 proceed in a manner identical to the procedure
 in Section 2.4.1.3 above.

- 2.4.2.3 transport of sewage from end point(s) of proposed collection system(s) to an existing or proposed regional treatment plant: the calculation of the F1, F2 AND F6 values proceeds similarly to that in Section 2.4.1.2 above. The F4 value will be selected from the larger of the values for the degree(s) of treatment which would be required at the local location of the collection system and at the regional plant. The F3 value will also be selected from the larger of the values(s) for the basin segment containing the collection system and the basin segment containing the regional plant.
- 2.4.2.4 construction of a intercepting sewer for a currently unsewered community where a discharge of raw or partially treated sewage does exist.* A MDI value (Municipal Discharge Index) does not exist, and an "equivalent" MDI must be calculated. For this purpose, estimated current population equivalent of the area to be served is used in calculating F1; F2 is set equal to 2.0 AFTER COMPLETION AND APPROVAL OF THE FACILITIES PLAN; and the segment to receive the proposed discharge determines F3. The MDI is then calculated (MDI = $F1 \times F2 \times F3 \times F6$). The treatment processes required at the proposed sewage treatment plant determine F4. THE IMMEDIATE IMPACT OF THE DISCHARGE ON THE RECEIVING STREAM AND PUBLIC HEALTH HAZARD ARE USED AS DESCRIBED IN 1.2.4.2 TO CALCULATE F6. The GPI is then calculated (GPI = MDI x F4).
- 2.4.3 Elimination or treatment of on-system wet weather overflow(s) from combined sewers: regardless of the approach to a solution of this problem or the extensiveness of the problem, the MDI for the plant currently providing service, and as F4 value of 14 (established values for primary treatment and disinfection of maximum wet weather flow) are used in the calculation of a GPI value.

^{*} See footnote on page 19.

- 2.4.4 Construction of trunk and lateral sewers:
 - 2.4.4.1 rehabilitation work which will not eliminate excessive infiltration/inflow: the MDI value for the plant, together with an F4 AND F6 values of 1 are used to determine the GPI value, and therefore, GPI = MDI.
 - 2.4.4.2 complete new collection system: the GPI value will be equal to that of the proposed plant (reference 2.4.1.2) or intercepting sewer (reference 2.4.2.2).
 - 2.4.4.3 extension of service by an existing collection system: the calculation of the MDI value proceed similarly to that in Section 2.4.2.2, except that in this case an estimate of the existing population equivalent to be served by the sanitary sewer extension only is used in determining F1. The F4 AND F6 values for this case are equal to 1, and then GPI = MDI.
- 2.4.5 Contruction of an intercepting sewer for transport of wastes from water treatment plants:

In this case the population equivalent based on suspended solids*** is used in place of the population equivalent based on a Biochemical Oxygen Demand. In the case of a need to provide treatment of such wastes where none is presently provided, a value of 2.0 is used for F2 in the calculation of MDI and then GPI = MDI x F4.

2.4.6 Construction of an intercepting sewer parallel to an existing intercepting sewer which existing sewer is capable of transporting the flows which are presently tributary to it; flood control projects; and wastewater recycling or wastewater reuse projects: the MDI value for the plant, together with an F4 value of 1 are used to determine the GPI value, and therefore, GPI = MDI.

^{*** 1} PESS equals 0.22 lbs. of suspended solids per day.

3.0 ADDITIONAL CONSIDERATIONS

3.1 Effects of Overloading

For an overloaded facility, values from the table of F4 values for the average and maximum design flow for existing treatment processes (as well as 6 points for sludge handling facilities) will be assigned to the need.

For a facility which is not overloaded as defined above, but where sludge drying bed capacity is presently inadequate, 6 points for sludge handling facilities will be assigned to the need. Sludge beds will be determined to be inadequate where the connected population equivalent (for a 12 month period) exceeds the Agency approved and permitted design basis of the sludge drying beds.

If the facility is not overloaded based on the average daily flow, the need may receive credit for overloading on the maximum dry weather flow. Where the applicant justifies, on the basis of influent flow measurement for a 12 month period that the average of the peak dry weather flows to the plant exceeds the DESIGN peak capacity of the plant for complete treatment of dry weather flow, the need will receive credit for overloading under maximum dry weather flow conditions.

3.2 On Going Construction

At the time of scoring of a need for priority, in situations where other construction has been completed for expansion of capacity and/or increased degree of treatment, the priority score will not include the need for the processes which have been constructed if, at the time of the application filing deadline, the approved estimate of work in pace indicates 100 percent completion of all portions of the contract except miscellaneous work.

Needs which consist of plant improvements and/or intercepting sewers, and which will be satisfied through construction of several phases (projects), will be addressed by scoring all phases (projects) with the full credit for the entire need.

3.3 Flow Diversion

Needs which consist of the diversion of a significant portion of the average dry weather flow from one plant to another plant will be scored utilizing the regionalization convention for the two plants.

3.4 <u>Integrally Related Projects</u>

- 3.4.1 Two or more needs of one or more applicants, which are initially ranked at different priorities, may be consolidated into one need at the higher (highest) priority, if the following conditions are satisfied.
 - 3.4.1.1 The facilities plan, prepared by an applicant and approved by the Agency, must conclude that the two or more needs are integrally related through the cost-effective solution.
 - 3.4.1.2 Available State and Federal funds must be adequate to permit complete funding of the consolidated need.

3.4.2 Such consolidations may include:

- 3.4.2.1 sewer rehabilitation work and sewage treatment plant improvements and/or intercepting sewer construction;
- 3.4.2.2 projects to eliminate on-system wet weather overflow and sewage treatment plant improvements and/or intercepting sewer construction;
- 3.4.2.3 projects to construct collection systems and new sewage treatment plant and/or intercepting sewer construction.
- 3.4.3 This provision does allow the award of grants (for projects which are integrally related to a priority project), to municipalities which had not filed an application for grant at the time of preparation of the priority list for the fiscal year.

3.5 Complete Waste Treatment Systems

After Agency approval of a facilities plan, and at the time of the subsequent revision to the priority list, the Agency shall add any previously unidentified needs to the priority list if the needs are not included in the scope of work for which a Step 2 or Step 3 grant has been offered, even if the applicant has not filed an application for such needs. Failure of the applicant to file application for such previously identified needs shall not restrict the Agency in adding the needs to the priority list.

APPENDIX B - F6

1.	
1.1	<u>1.0</u>
1.2	O.O TO 1.0 DEPENDING ON THE SEVERITY OF THE WATER POLLUTION RESULTING FROM THE DISCHARGE(S) AND THE PUBLIC HEALTH HAZARD.
1.3	1.0
1.4	<u>1.0</u>
2.0	
2.1	1.0
2.2	O.O TO 1.O DEPENDING ON THE SEVERITY OF THE WATER POLLUTION RESULTING FROM THE DISCHARGE(S) AND THE PUBLIC HEALTH HAZARD.
2.3	1.0
2.4	0.0 TO 1.0 DEPENDING ON THE SEVERITY OF THE WATER POLLUTION RESULTING FROM THE DISCHARGE(S) AND THE PUBLIC HEALTH HAZARD.
3.0	1.0
4.0	
4.1	1.0
4.2	0.0 TO 1.0 DEPENDING ON THE SEVERITY OF THE WATER POLLUTION RESULTING FROM THE DISCHARGE(S) AND THE PUBLIC HEALTH HAZARD.
4.3	0.0 TO 1.0 DEPENDING ON THE SEVERITY OF THE WATER POLLUTION RESULTING FROM THE DISCHARGE(S) AND THE PUBLIC HEALTH HAZARD.
5.0	
5.1	1.0
5.2	1.0
6.0	1.0 FOR WASTE WATER RECYCLING; 0.1 FOR STORM SEWERS OR FLOOD CONTROL PROJECTS.

STATE BOARD OF ELECTIONS

NOTICE OF PROPOSED EMERGENCY AMENDMENT

Proposed emergency amendment to Sections 1.4, 4.1a, 4.2b(1), 4.2b(2) and 4.2c of the State Board of Elections' Travel Regulations. These changes are necessitated by recent rate increases by the Governor's Travel Control Board. All responses to these changes should be directed to Daniel J. Hagan, Chief Clerk, State Board of Elections, 1020 South Spring Street, P.O. Box 4187, Springfield, Illinois, 62708.

The full text of the proposed emergency changes is as follows:

STATE BOARD OF ELECTIONS TRAVEL REGULATIONS

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SECTION	TITLE
SECTION 1	Applicability and Definitions
SECTION 2	Authority for Travel
SECTION 3	Allowable Transportation Expenses
SECTION 4	Living Expenses
SECTION 5	Exceptions to the Regulation
SECTION 6	Travel Vouchers

TRAVEL REGULATIONS

SECTION 1

APPLICABILITY AND DEFINITIONS

1.1 Applicability - These travel regulations are issued pursuant to provisions of Senate Bill 71 amending Section 148 et al Chapter 127.

They apply to personnel of the State Board of Elections and supersede previous travel regulations.

1.2 Definitions -

a. Headquarters

The official headquarters of a State employee is his designated post of duty or official station in a specified location, the limits of which are no broader than the corporate limits of the city or town in which the employee is stationed and may be as specific as a given building or site.

1.3 Designation of Official Headquarters

The Executive Director shall designate official headquarters for each employee. Generally, the official headquarters of an individual is the place where his official duties will require him to spend the largest part of his working time during the coming fiscal year. In those instances in which the individual's official headquarters is designated as a location other than that at which his official duties require him to spend the largest part of his working time, notification will be made to the Legislative Audit Commission by the first working day of June and December each year. In the case of an individual who is required by his duties to travel almost every working day, the official headquarters may be his place of residence, certified and submitted to the Legislative Audit Commission. Any change in official headquarters designation shall be promptly recorded by the Internal Auditor.

Individuals are not entitled to reimbursement of living expenses while at their official headquarters.

1.4 Non-Travel Meals -

If in exceptional cases the agency head believes it necessary for a meal to be purchased for any non-State officer or employee, the reimbursement for the meal cost shall be limited to the amounts specified in these regulations for meals while on travel status*1 Reimbursement up to the maximum meal allowance will be permitted for meal expenses incurred while attending a staff conference if approval of the Executive Director was obtained in advance. Reimbursement for a staff conference shall be on an invoice-voucher and charged to Contractual service.

1 Noon luncheon not to exceed \$2.25 \$2.50.

SECTION 2 .

AUTHORITY FOR TRAVEL

- 2.1 Applicability All travel of any individual subject to these travel regulations shall be authorized and approved by his supervisor prior to the beginning of the travel.
- 2.2 Out-of-State Travel No reimbursement for travel outside the State shall be allowed unless written approval from the Executive Director is obtained in advance. No travel voucher will be approved for reimbursement of out-of-state travel costs unless accompanied by an approved "Request for Travel Authorization". If trips not exceeding 50 miles beyond the boundaries of Illinois are made into neighboring states, no advance written approval is required.

SECTION 3

ALLOWABLE TRANSPORTATION EXPENSES

3.1 Definition -

- a. Modes of transportation authorized for official travel include automobiles, railroads, airlines, buses, taxicabs, and other usual means of conveyance. Transportation may include fares and such expenses incidental to transportation as baggage transfer, official telephone messages in connection with items classed as transportation, and reasonable tips.
- b. Reimbursement for taxicab fares incurred in the efficient and economical pursuit of the State's business will be allowed. All taxicab fares for \$5.00 and over shall be accompanied by a receipt indicating the amount paid. When transportation by airport limousine is available and convenient, it shall be used in lieu of a taxi.
- c. Reimbursement of expenses between the residence and the official headquarters of any individual subject to these regulations shall not be allowed.
- Routing of Travel All travel shall be by the most direct route. Travel by other routes may be allowed when the official necessity therefor is satisfactorily established.

In case an individual for his own convenience travels by an indirect route or interrupts travel by direct route, he shall bear the extra expense. Reimbursement for expenses shall be based only on such charges as would have been incurred by the most direct and economical route.

3.3 Mode of Travel - All travel shall be by the most economical mode of transportation available, considering travel time, costs, and work requirements.

3.4 Accommodations on airplanes and trains -

a. Airplane Accommodations

- (1) Travel on airplanes shall ordinarily be coach class.
- (2) Reimbursement for firstclass accommodations on commercial air carriers shall be explained on the travel voucher and shall be permitted only when:
 - a. Regularly scheduled flights between authorized origin and destination points provide only first class accommodations.
 - b. Space is not available in less-than- first-class accommodations in time to carry out the purpose of the travel.

b. Train Accommodations

- (1) Sleeping car accommodation: one standard roomette when night travel is involved.
- (2) Parlor car and coach accommodations: one seat in a sleeping or parlor car will be allowed unless the travel order or other administrative determination specifies that coach accommodations be used. Where adequate coach accommodations are available, officials authorizing travel will assure that coach accommodations are used to the maximum extent possible, on the basis of advantage to the State, suitability and convenience to the traveler, and nature of the business involved.

3.5 Use of privately owned conveyance -

a. The use of privately owned motor vehicles and aircraft for State business is not permitted except when such use is necessary or desirable due to a lack of other convenient means of transportation or is otherwise advantageous to the State.

The traveler shall inquire as soon as the need for an automobile is determined as to the availability of State Motor Pool vehicles. If state-owned transportation is not readily available the traveler shall disclose the necessity of using a private vehicle by attaching an explanation to his travel voucher.

- b. When an individual rendering service to the State used privately owned motor vehicles in the conduct of official business outside his official headquarters and such use is authorized or approved as advantageous to the State, payment shall be made on a mileage basis at rates not to exceed 13 cents for the use of privately owned automobiles or airplanes.
- c. Reimbursement for the cost of automobile parking fees and bridge, road and tunnel tolls shall be allowed. The fee for parking an automobile at a common carrier terminal, or other parking area, while the traveler is away from his official headquarters, shall be allowed only to the extent that the fee, plus the allowable mileage reimbursement to and from the terminal or other parking area, does not exceed the cost for use of a limousine or taxicab to and from the terminal.

When transportation is authorized or approved by privately owned automobiles, distances between points traveled will be shown in official highway mileage guides or on official State of Illinois maps. Any substantial deviations from distances shown in the standard highway

mileage guides shall be explained. Where no guides or maps are available, odometer readings may be used. Travel within and in the vicinity of a city may be reported as mileage in and around such city.

- d. When the use of public transportation is a reasonable alternative, the mileage payment shall not exceed the cost of its use. A reasonable alternative exists when the cost of travel, taking into account both transportation, time and per diem expenses, would be less if public transportation were used.
- e. Mileage will be payable to only one of two or more individuals traveling in the same vehicle. The names of the individuals and employing agency shall be stated on the travel voucher.

3.6 <u>Intra-Headquarters Travel</u> -

- a. In general, nominal transportation related to State business within the vicinity of the designated headquarters is a non-reimbursable expense. If the amount of such transportation becomes financially significant to the employee, he may make a specific request to the Executive Director for reimbursement. If reimbursement is granted by the Executive Director, the amount shall be determined by the applicable rate limitations as stated in the Board's Travel Regulations.
- b. Transportation to an airport, train station, or other point of departure within the vicinity of the designated headquarters is reimbursable only to the extent that the actual expense incurred does not exceed that applicable to the cost of transporting from the headquarters to the point of departure. This precludes reimbursement of the portion of the expense applicable to the distance between the employee's residence and his designated headquarters as stipulated in Section 3.1(c).

SECTION 4

LIVING EXPENSES

4.1 <u>Living Expenses Incurred</u> -

a. Personal living expenses of travel shall be reimbursed on either a "per diem allowance" or a "maximum living expenses incurred" basis according to the following criteria:

For travel of less than 18 hours during the same calendar day or when a night's lodging is not required, the per diem allowance is not permitted and living expenses shall be allowed on a basis of living expenses incurred. No reimbursement will be made under paragraphs 4.1 or 4.2 for the cost of meals which is included as an integral part of a conference registration fee. Maximum amounts per meal which can be reimbursed to an individual on an actual expense basis are as follows:

Breakfast \$1.75 \$2.50 (Must leave before 6:00 a.m.)

Lunch

Not Allowed

Dinner \$6.00 \$8.00 (Return after 7:30 p.m.)

It is not necessary for such traveler to submit receipts with travel vouchers to support food reimbursements.

b. Employees will not be reimbursed for lunches taken on days when overnight travel is not involved. When it is necessary for employees to work at a location from which they could not reasonably expect to return to their headquarters by 7:30 p.m., they will be entitled to reimbursement of the evening meal in accordance with the limitations provided for in Section 4.1(a) of the Travel Regulations.

c. In addition, such traveler may receive reimbursement for special expenses as provided in paragraph 4.3.

4.2 Per Diem Allowance

a. The per diem allowance is applicable only when the travel period is over night or exceeds 18 hours or more.

The per diem allowance provided in these regulations is given in lieu of the expenses reimbursable under the "maximum living expenses incurred" basis.

- b. The per diem allowance for travel on official business consists of the following three elements and may be authorized or approved within the following maximums:
 - (1) \$12 \$13 to cover the cost of meals and incidental travel expenses, telegrams and telephone calls reserving hotel accommodations, laundry and dry cleaning. Receipts need not be submitted to support this allowance.
 - (la) Out-of-state per diem is the same as in-state.
 - (2) The actual cost of accommodations, excluding tips shall not be in excess of \$15.00 per day plus Tax*1 (or not in excess of \$18.00 per day plus tax in the Chicago metropolitan area, or in excess of \$32.00 per day plus tax when traveling out of state*2).

The Chicago metropolitan area is defined as the Counties of Cook, Will, DuPage, Kane, McHenry, and Lake.

Receipts are to be submitted with travel vouchers to support accommodation expenses claimed.

Exceptions to the \$15.00 downstate rate are:

1 \$16.50 \$19.00 - Springfield within walking distance of the State Capitol complex.

\$25.00 - O'Hare Field area (defined as a two mile radius of O'Hare Field).

\$19.00 - Peoria.

- 2 \$20.00 per day plus tax is allowed at the-Bismarck-Hotel-in-Bowntown-Chicago. in the area immediately surrounding the State of Illinois Building.
- (3) Reimbursement for "special expenses" as provided in Paragraph 4.3.
- c. Day Defined In computing the per diem in lieu of living expenses incurred for continuous travel of more than 18 hours or when a night's lodging is required, midnight to midnight will be the unit.

For fractional parts of a day at the commencement or ending of such continuous travel constituting a travel period, one-fourth of the \$12.00 \$13.00 allowance for a calendar day will be allowed for each period of 6 hours or fraction thereof. Such 6 hour period shall commence at midnight, 6:00 a.m., noon, 6:00 p.m.

Examples

Mr. Jones leaves Springfield at 8:30 a.m. for Chicago after eating breakfast at home and returns to Springfield the same day at 9:30 p.m. having had lunch and dinner in Chicago. He has neither been gone more than 18 hours nor stayed overnight. He is therefore entitled only to maximum living expenses incurred (\$6.00) (\$8.00) and not per diem.

Mr. Jones leaves Springfield at 6:30 p.m. to go to Chicago to make an evening speech. He returns to Springfield at 8:30 a.m. the next morning. He has not been gone 18 hours

but he has stayed overnight and therefore qualifies for per diem. He is entitled to reimbursement for three-quarters of the per diem, or \$9.00 \$9.75 (one quarter the first day, two quarters the second), plus the actual cost of hotel accommodations up to \$18.00 \$19.00 plus tax.

Mr. Jones leaves Springfield at 1:30 p.m. to go to Vienna and returns the next day at 9:30 p.m. He may claim $1\frac{1}{2}$ days per diem (6 quarters) or \$18.00 \$19.50 plus the actual cost of hotel accommodations up to \$15.00 \$16.00 plus tax.

other expenses - The cost of miscellaneous other expenses incurred shall be allowed if reasonable to a traveler who is on either the per diem or actual living expenses incurred basis. The following are examples of special expenses for which reimbursement may or may not be given:

Reimbursable

Stenographic and typing services Storage of baggage Hire of room for official business Telephone calls on official business

Non-Reimbursable

Laundry and dry cleaning Entertainment Alcoholic beverages

All special expenses shall be itemized on the travel voucher, if separately claimed.

4.4 Time of Departure and Arrival -

a. The date and hour of departure from and arrival at the place at which official travel begins and ends, and points at which temporary duty is performed shall be shown on the travel voucher where such arrival or departure affects the allowance or other travel expenses.

Other points visited shall be shown on the voucher; time of arrival and departure need not be shown.

b. Where, for the traveler's personal convenience or through the taking of leave, there is interruption of travel or deviation from the direct route, any allowance allowed shall not exceed that which would have been incurred in uninterrupted travel by a usually traveled route. (See Section 3.2)

4.5 No Allowance at Official Headquarters -

No travel expenses shall be allowed an individual either at his official headquarters or at his place of abode from which he commutes daily to his official headquarters.

SECTION 5

EXCEPTIONS TO THE REGULATIONS

5.1 General Exceptions - Requested in Advance -

The Travel Control Board may grant general exceptions to the above rules when necessary to meet special circumstances and in the best interests of the State. All such exception approvals shall be in writing and shall be attached to the travel voucher before it is processed for payment.

5.2 Ex Post Facto Exceptions -

The Travel Control Board will review and act upon all exceptions to the above rules on travel vouchers.

SECTION 6

TRAVEL VOUCHERS

6.1 Memorandum of Expenditures -

A memorandum of all travel expenditures properly chargeable to the State shall be kept by individuals subject to these travel regulations. The information thus accumulated shall be available for the proper preparation of travel vouchers and shall be retained for a period of 18 months for audit purposes.

6.2 Preparation of Travel Vouchers -

- a. All claims for the reimbursement of traveling expenses shall be submitted on authorized travel reimbursement forms and shall be itemized in accordance with these regulations.
- b. The travel voucher shall be supported by a copy of the travel authorization if out-of-state travel is included. (See Section 2.2)
- c. The travel voucher shall show in the space provided the dates of travel, the purpose of the trip, the points of departure and destination, mode of transportation, and the cost of the transportation secured.
- d. When a privately owned vehicle is used, the travel voucher shall show the dates and points of travel, mileage, and mode of transportation. If the distance traveled between any given points is greater than the usual route between these points, shown on the official State road map, the reason for the greater distance shall be stated. (See Section 3.2)
- e. Travel vouchers shall be supported by receipts in all instances for railroad

and airplane transportation, for lodging, and all other items, individually of \$5.00 and over, except for meals and incidental items as stated in Section 4.

- f. The travel expense voucher shall be prepared in quadruplicate, either type-written or in ink. All copies of the voucher shall be signed by the individual who has incurred the expense and by his supervisor. The individual's name should also be typewritten or printed below the signature line.
- g. Each person submitting a travel voucher must certify on the travel voucher, as required by the provisions of the Illinois Revised Statutes, Chap. 127, Par. 148:

"Each voucher for traveling expenses shall indicate the purpose of the travel as required by applicable travel regulations, shall be itemized and shall be accompanied by all receipts specified in the applicable travel regulations and by a certificate signed by the person incurring such expense, certifying that the amount is correct and just; that the detailed items charged are taken and verified from a memorandum kept by such persons; that the amounts charged for subsistence were actually paid; that the expenses were occasioned by official business or unavoidable delays requiring the stay of such person at hotels for the time specified; that the journey was performed with all practical dispatch by the shortest route usually traveled in the customary, reasonable manner; and that such person had not been furnished with transportation or money in lieu thereof, for any part of the journey therein charged for."

Individuals submitting travel vouchers are personally responsible for their accuracy and propriety. Any misrepresentation shall be cause for disciplinary or legal action.

6.3 Approval and Submission of Travel Vouchers -

- a. Each voucher shall be first approved by the individual's immediate supervisor who shall certify that the travel shown was required by official duties.
- b. The travel voucher shall then be approved by the Board or their designated representative, who shall sign the original of the voucher.
- c. Travel vouchers that are not prepared in accordance with these regulations or not properly supported by receipts when required, shall be returned to the originator for correction.

6.4 Frequency of Submission -

Travel vouchers will be submitted no later than within 14 days of the end of the month in which travel expense was incurred. Travel vouchers may be submitted when total reimbursable expenses exceed \$50.00.

6.5 Items Billed Directly -

No requests for reimbursement shall be made for items of expenditure in connection with travel which are billed directly to the State (for example, by use of a State credit card). However, such charges shall be itemized on the employee's travel voucher. In all such cases, a copy of the charge ticket shall also be attached. Such expenses shall not be in excess of the maximum allowed.

6.6 Exceptions to Restrictions -

a. Travel vouchers involving an exception to these travel regulations not approved in advance by the Travel Control Board under Paragraph 5.1 shall not be processed for payment by the Fiscal Control Section until the Board has acted upon the exceptions. The information copy of the voucher

shall be filed with the Internal Auditor (a member of the Travel Control Board) at the same time that the travel voucher is submitted for reimbursement. All copies of travel vouchers involving exceptions shall bear a statement that a copy of the voucher has been filed with the Auditor General.

Approvals made by the Travel Control Board granting exceptions to the travel regulations must be in writing and shall be signed by the members of the Board. The approval authorization must state the reason for the approval and should be attached to all copies of the travel voucher before payment is made.

b. Post audit procedures will periodically be applied to paid travel vouchers not involving prior rulings by the Travel Control Board. If the audits disclose an exception has been incorrectly processed, the exception will be submitted by the Internal Auditor to the Travel Control Board for consideration. If the exception is denied, the excess amount paid will be refunded to the State and deposited in the fund from which payment was made.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

NOTICE

of the proposed revision to 4.10 of Rule 4, Rules For Processing Applications For Permit Filed By Hospitals - Revised effective July, 1977 which was promulgated pursuant to Section 12 of the Illinois Health Facilities Planning Act (Chapter 111½, Paragraphs 1151-1167 of the Illinois Revised Statutes).

The proposed revision will change the non-reviewable projects classification Section of Rule 4 (Section 4.10.3) by deleting the existing sub-section (B) which will lower the monetary threshold of non-reviewable modernization projects from the lesser \$300,000 or 5% of the annual operating revenue of the facility for the most recent fiscal year or the most recent year for which audited data is available, to the newest statutory amount of \$150,000. The existing sub-section (C) will become the new sub-section (B). A complete text of the proposed changes follows.

On January 6, 1978, the Illinois Health Facilities Planning Board voted the proposed revision to 4.10 of Rule 4, Rules For Processing Applications For Permit Filed By Hospitals - Revised effective July, 1977 to Public Hearings. Public Hearings on this rule are scheduled for the following times, dates and locations:

3:00 p.m. and 7:00 p.m. on Tuesday, March 28, 1978 on the 17th Floor of the State of Illinois Department of Registration and Education Building, located at 55 East Jackson Street in Chicago, Illinois; and

7:00 p.m. on Wednesday, March 29, 1978 in the Auditorium of the State of Illinois Department of Transportation Building, located at 2300 South Dirksen Parkway in Springfield, Illinois.

Interested persons may appear at these Public Hearings and present either oral or written comments and views on this proposal. In addition, comments may be submitted in writing to George A. Lindsley, M.P.H., Executive Secretary of the Illinois Health Facilities Planning Board, Division of Planning and Conformance, Illinois Department of Public Health, 525 West Jefferson Street, Springfield, Illinois 62761, prior to March 28, 1978.

4.10 DEFINITION OF CLASSIFICATIONS

- 4.10.1 Reviewable Projects
 Reviewable projects are construction or modification projects of proposed or existing facilities providing or which intend to provide categories of service inventoried in Rule 3 and those subject to review under Rule 9 of the State Board. All projects are classified reviewable unless they are non-reviewable or emergency projects.
- Emergency Projects
 Emergency projects are construction or modification projects which are necessary because there exists a condition which creates an imminent threat to the structural integrity of the building; or affects the safe operation and functioning of its mechanical, electrical, or comparable systems; or affects fire safety; or other situation which in the judgment of the Executive Secretary with concurrence of the Chairman or his designee constitutes an emergency.
- 4.10.3 Non-Reviewable Projects
 Non-reviewable projects are all or portions of construction, modernization or modification projects which are:
 - (A) Any construction or modification project of hospitals to which Rule 3 does not apply.
 - (B) Any construction or modification project for modernization (with respect to that portion which is for modernization) which has an estimated total project cost of over \$100,000 but under the lesser of \$300,000 or 5% of the annual operating revenue of the facility for the most recent fiscal year or the most recent year for which audited data is available. ("Total annual operating revenue" shall be reported from Medicare Form SSA 2552, Worksheet G-3, line 1, or successor, where available.)

Notwithstanding the foregoing, such application may be classified reviewable by the State Board when it finds that the applicant hospital, within a 12 month period either prior to the receipt of the subject application and/or following receipt of such, has had, or intends to have, modernization projects which, in terms of physical location and construction, are in or contiguous to areas of the hospital affected by the subject project; or with respect to equipment, is of the same general classification

as to ito clinical, administrative or other use and are, therefore, considered to form one program of modernization for which the total costs would exceed the above levels of cost-for non reviewable classification.

In making ito judgments under the preceeding paragraph, the State Board will consider information supplied by the applicant to establish that the subject project is, in fact, a discrete project of modernization. Information may be supplied from the hospital's institutional master planand other sources to support this position.

(B)

(G) Applications for permit for construction or modification projects of health care facilities subject to this rule and to rule 3 which would otherwise be reviewable under the Act and rule 3 shall be classified non-reviewable and a permit issued when the Executive Secretary finds, and the Chairman concurs, that the project is a project the sole purpose of which is to correct a non-compliance with code requirements of a governmental unit that could result in revocation of license and/or other action that would result in closure of the facility if such non-compliance were not corrected.

The applicant has the burden of proof, which shall include, but not necessarily be limited to the following:

- to identify the applicable code requirement and the non-compliance.
- (b) to identify the governmental unit having authority to enforce the requirement,
- (c) to prove that the governmental unit could revoke the license and/or take other action which would result in the closure of the facility if the non-compliance were not corrected--documented by a letter from the responsible authority of the governmental unit, and
- (d) to prove that the sole purpose and entire scope and content of the proposed project is to correct the non-compliance with the code requirement which is cited.

This requirement must be met by construction or modification within the existing building and/or its fixed equipment or by the construction of an addition to the existing building; except, in the latter case, the applicant must prove:

- (a) that it is not architecturally, structurally, or functionally feasible to correct the non-compliance by construction or modification within the existing building, or
- (b) that it is more costly to do so, taking into account immediate construction costs, long-term depreciation costs and interest costs where capital financing includes borrowing, and projected comparative maintenance and staffing costs where such are relevant.

This non-reviewable classification shall not be granted where the project results in replacement of the existing building on the same or a different site or the occupancy of a building which was not a part of the licensed facility.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

NOTICE

of the proposed revision to 3.03.C of Rule 3, The Illinois Health Care Facilities Plan - 3rd Edition which was promulgated pursuant to Section 12 of the Illinois Health Facilities Planning Act (Chapter 111½, Paragraphs 1151-1167 of the Illinois Revised Statutes).

The proposed revision will change the non-reviewable projects classification Section of Rule 3 (Section 3.03.C.03) by deleting the existing subsection (B) which will lower the monetary threshold of non-reviewable modernization projects from \$300,000 or 5% of the annual operating revenue of the facility for the most recent fiscal year or the most recent year for which auditied data is available (Whichever is the lesser) to the newest statutory amount of \$150,000. The existing subsection (C) will become the new sub-section (B). A complete text of the proposed changes follows.

On January 6, 1978, the Illinois Health Facilities Planning Board voted the proposed revision to 3.03.C of Rule 3, The Illinois Health Care Facilities Plan - 3rd Edition to Public Hearings. Public Hearings on this rule are scheduled for the following times, dates and locations:

3:00pm and 7:00pm on Tuesday, March 28, 1978, on the 17th Floor of the State of Illinois Department of Registration and Education Building, located at 55 East Jackson Street in Chicago, Illinois; and

7:00pm on Wednesday, March 29, 1978, in the Auditorium of the State of Illinois Department of Transportation Building, located at 2300 South Dirksen Parkway in Springfield, Illinois.

Interested persons may appear at these Public Hearings and present either oral or written comments and views on this proposal. In addition, comments may be submitted in writing to George A. Lindsley, M.P.H., Executive Secretary of the Illinois Health Facilities Planning Board, Division of Planning and Conformance, Illinois Department of Public Health, 525 West Jefferson Street, Springfield, Illinois 62761, prior to March 28, 1978.

3.03.C DEFINITION OF CLASSIFICATIONS

- 3.03.C.01 Reviewable Projects Reviewable projects are all or portions of construction or modification projects of proposed or existing facilities providing or which intend to provide categories of service inventoried in this Plan. All projects are classified reviewable unless they are non-reviewable or emergency projects.
- 3.03.C.02 Emergency Projects Emergency projects are construction or modification projects which are necessary because there exists a condition which creates an imminent threat to the structural integrity of the building; or affects the safe operation and functioning of its mechanical, electrical, or comparable systems; or affects fire safety; or other situation which in the judgment of the Executive Secretary with concurrence of the Chairman or his designee constitutes an emergency.
- 3.03.C.03 Non-Reviewable Projects Non-reviewable projects are all or portions of construction, modernization or modification projects which are:
 - (A) Any construction or modification project of hospitals to which this Plan does not apply. These types of projects include:

Emergency department
Administration department
Parking facilities
Gift shops and newsstands
Restaurants and snackbars
Outpatient and clinic departments
Personnel facilities
Chapels
Physicians and staff offices
Auditoriums
Telephone systems
Security departments

The word "department", as used herein is a generic term and includes other terminology such as units, services, suites, etc.

(B) Any-construction or modification project for modernization (with respect to that portion which is for modernization) which has an estimated total project cost of over \$100,000 but under the lesser of \$300,000 or 5% of the annual operating revenue of the facility for the most recent fiscal year or the most recent year for which audited data is available. ("Total annual"

operating revenue" shall be reported from Medicare Form 88A-2552, Worksheet 6-3; line 1; or successor, where available.)

Notwithstanding the foregoing, such application may be classified reviewable by the State Board when it finds that the applicant hospital, within a 12 month period either prior to the receipt of the subject application and/or following receipt of such, has had, or intends to have, modernization projects which, in terms of physical location and construction, are in or contiguous to areas of the hospital affected by the subject project; or, with respect to equipment, is of the same general classification as to its clinical, administrative or other use and are, therefore, considered to form one program of modernization for which the total costs would exceed the above levels of cost for non reviewable classification.

In making its judgments under the preceding paragraph, the State Board will consider information supplied by the applicant to establish that the subject project is, in fact, a discrete project of modernization. Information may be supplied from the hospital's institutional master plan and other sources to support this position.

Any construction or modification project the sole purpose and entire scope and content of which is to correct a non-compliance with code requirements of a governmental unit that could result in revocation of license and/or other action that would result in closure of the facility if such non-compliance were not corrected.

The applicant has the burden of proof, which shall include, but not necessarily be limited to the following:

- to identify the applicable code requirement and the non-compliance,
- (2) to identify the governmental unit having authority to enforce the requirement,
- (3) to prove that the governmental unit could revoke the license and/or take other action which would result in the closure of the facility if the non-compliance were not corrected--documented by a letter from the responsible authority of the governmental unit, and

(4) to prove that the sole purpose and entire scope and content of the proposed project is to correct the non-compliance with the code requirement which is cited.

This requirement must be met by construction or modification within the existing building and/or its fixed equipment or by the construction of an addition to the existing building; except, in the latter case, the applicant must prove:

- (1) that it is not architecturally, structurally, or functionally feasible to correct the non-compliance by con-struction or modification within the existing building, or
- (2) that it is more costly to do so, taking into account immediate construction costs, long-term depreciation costs and interest costs where capital financing in-cludes borrowing, and projected comparative maintenance and staffing costs where such are relevant.

This non-reviewable classification shall not be granted where the project results in replacement of the existing building on the same or a different site or the occupancy of a building which was not a part of the licensed facility.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

NOTICE

of the proposed Rule 9, Second Edition which is being promulgated pursuant to Section 12 of the Illinois Health Facilities Planning Act (Chapter $111\frac{1}{2}$, Paragraphs 1151-1167 of the Illinois Revised Statutes).

The proposed Edition of this Rule will establish a procedure for evaluating the impact of health programs which will be designated as "Innovative Programs" by the Illinois Health Facilities Planning Board. In addition to the inclusion of "Innovative Programs", the format has been changed in an effort to clarify duties and responsibilities established within the Rule. A complete text of the proposed Second Edition of Rule 9 follows.

On January 6, 1978, the Illinois Health Facilities Planning Board voted the proposed Rule 9, Second Edition to Public Hearings. Public Hearings on this rule are scheduled for the following times, dates and locations:

3:00 p.m. and 7:00 p.m. on Tuesday, March 28, 1978 on the 17th Floor of the State of Illinois Department of Registration and Education Building, located at 55 East Jackson Street in Chicago, Illinois; and

7:00 p.m. on Wednesday, March 29, 1978 in the Auditorium of the State of Illinois Department of Transportation Building, located at 2300 South Dirksen Parkway in Springfield, Illinois.

Interested persons may appear at these Public Hearings and present either oral or written comments and views on this proposal. In addition, comments may be submitted in writing to George A. Lindsley, M.P.H., Executive Secretary of the Illinois Health Facilities Planning Board, Division of Planning and Conformance, Illinois Department of Public Health, 525 West Jefferson Street, Springfield, Illinois 62761, prior to March 28, 1978.

RULE NO. 9 SECOND EDITION
STANDARDS AND CRITERIA FOR REVIEW OF APPLICATIONS FOR PERMIT
FOR TECHNOLOGICALLY INNOVATIVE EQUIPMENT OR INNOVATIVE PROGRAMS

9.01 STATUTORY AUTHORITY

- 9.01.01 The following sections of the Illinois Health Facilities Planning Act (PA 78-1156) provide statutory authority for this Rule:
 - (a) Section 3, paragraph 6 which defines "construction or modification."
 - (b) Section 5, paragraphs 1 and 2 which authorizes the State Board to set an effective date for a particular type of transaction (i.e., acquisition of equipment) when standards, criteria, or a plan has been adopted thereon by the State Board.

(c) Section 12 which authorizes the development and adoption of standards, criteria or plans and rules and procedures necessary to carry out the provisions of the Act.

- (d) Section 13 which requires all health care facilities operating in Illinois to provide such reasonable reports at such times and containing such information as is needed to carry out the purposes and provisions of the Act. Failure to submit all requested and required information within a reasonable time limitation will result in the application of one or both of the following sanctions as authorized in Section 13 of the Act:
 - 1. Health facilities not complying with this requirement shall be reported to the appropriate licensing, accrediting and certifying agencies, both State and Federal.
 - Health facilities not complying with this requirement shall be reported to the appropriate third-party payors and other payment agencies; State, Federal and private.
- 9.01.02 This Edition of Rule 9 (hereinafter referred to as "this Rule") shall take effect in accordance with Section 6 of the Administrative Procedure Act. (See paragraph 9.04 for the applicability of this Rule.

9.02 PURPOSE

Since the State Board recognizes that patient care, diagnosis and treatment, and rehabilitation may potentially benefit from new developments which stem from research in the medical and other sciences, the State Board believes it necessary to have this rule in order to provide specific criteria for review of applications for permit to acquire equipment defined as Technologically Innovative Equipment or applications for permit to establish Innovative Programs. It is the intent of the State Board that this rule shall address such factors as the following:

- (a) determination of the viability of the proposed project (including financial feasibility of the project as well as the relationship of the project to the health care needs of the service or planning area).
- (b) collection of data for use in reviewing applications for permit under this rule and to establish a basis of information to be utilized for future analyses of the impact of such projects on health care in Illinois.
- (c) promotion of cost containment, although the State
 Board does recognize that equipment referenced in
 this rule is frequently expensive, often has only
 limited utilization, and rapidly becomes obsolete due
 to further technological change, and that the establishment of Innnovative Programs may require construction
 modification as well as acquisition of equipment in
 order to implement the Innovative Program.
- (d) provision of methods for evaluation of applications for permit involving either the establishment of Innovative Programs or the acquisition of certain types of equipment (herein referred to as technologically innovative equipment) and a basis for approving or denying such applications for permit to be utilized by areawide health planning agencies, the Agency, and the State Board.

9.03 DEFINITIONS

9.03.01 "Technologically Innovative Equipment (TIE)," as used herein, means equipment which is potentially useful for diagnostic or therapeutic purposes when the equipment is determined by the State Board to be equipment which introduces new technology in the diagnosis and/or treatment of disease and the technology is so new and its usefulness not yet well enough established to permit a specific plan of need for Illinois to be developed.

- 9.03.02 "Innovative Programs," as used herein, means programs which introduce: (a) techniques of patient treatment for diagnostic, therapeutic or maintenance purposes, that are so new or are not well enough established to provide a specific plan of need to be developed for Illinois; or (b) equipment which institute(s) methods of technology which alter those physical plant operations of the facility that are not directly related to patient care, when such equipment is so new that the effectiveness and efficiency of operation have not as yet been established.
- 9.03.03 "Capital Expenditure," for purpose of 9.03.01(a) and 9.03.02(a) above, means that expenditure for cost of construction modification and/or for equipment (including purchase, lease, gift, or other means of acquisition) (see 9.04.03). When acquired by means other than purchase, the dollar value for purposes of this Rule shall be the expenditure which would have been required for purchase.
- "Substantially changes the scope or changes the functional operation of the facility," means, for the purpose of this Rule, the acquisition of equipment which is designated TIE by the State Board, or the acquisition, by whatever means, of the capability to provide a diagnostic or treatment procedure by use of equipment designated as TIE or the establishment of an Innovative Program or acquisition of equipment for the purpose of establishing an Innovative Program as designated by the State Board.
- 9.03.05 "Multi-institutional systems," as used herein, means arrangements which are made by contract, agreement, ownership, or other means between two or more health care facilities or related facilities for the purpose of carrying out an enterprise which will coordinate or consolidate services, share support services, or develop the capacity to provide various levels of health care services on a geographically integrated basis. In addition to being multi-institutional, such systems may involve noninstitutional health services and may be comprehensive in nature.
- 9.03.06 "TIE Committees and Innovative Programs Committees," shall be committees appointed by the Chairman of the State Board. Each Committee shall consist of a minimum of two members of the State Board (one consumer, one provider) of which one shall be designated as the chairman of the committee, one agency staff member, one person representing the appropriate health care facility organization (e.g., related to hospitals), one consumer member of the Board of a recognized areawide health planning organization, one recognized areawide health planning organization staff

member, and a minimum of two experts in the applicable field to which the TIE or Innovative Program relates. The Executive Secretary shall solicit the assistance of appropriate professional, scientific, and other sources to identify experts whom the Chairman can consider for appointment.

There shall be a TIE Committee for each type of equipment which is to be considered for a classification as TIE and an Innovative Program Committee for each type of program which is to be classified or considered for classification as an Innovative Program. The committee shall continue to function until the particular TIE or Innovative Program is declassified by the State Board.

- 9.03.07 "Areawide health planning organization" means the Health Systems Agency as defined in the Illinois Health Facilities Planning Act, as amended. Both areawide health planning organizations that are recognized (as provided in the Act) and those that are approved for interim participation under Rule 4, may perform the duties of recognized areawide health planning organizations as specified in this Rule.
- 9.03.08 "Health care facility," for purposes of this Rule, means any institution, place, building, or agency subject to the Act, as now or hereafter amended, and includes facilities maintained by the State or any department, agency, or other entity thereof.

9.04 APPLICABILITY OF RULES

"General Applicability." This Rule shall apply to all 9.04.01 projects for TIE and Innovative Programs (as classified by the State Board) and shall apply to all health care facilities subject to the Act, as now or hereafter amended, that seek to acquire and/or establish such TIE or Innovative Programs when the proposed capital expenditure is in excess of \$150,000 or where the project "substantially changes the scope or changes the functional operation of the facility" (as defined in Section 9.03.04) by establishment of the capability to provide a diagnostic or treatment procedure by use of equipment designated as TIE or the establishment of an Innovative Program or acquisition of equipment for the purpose of establishing an Innovative Program. Application for permit shall be made for such projects. Applications for TIE or Innovative Programs received prior to the effective date of this Rule will not be reviewable under this Rule provided such applications were complete prior to the effective date of this Rule. Any project for TIE or Innovative Programs for which an application is

received or completed after the effective date of this Rule shall not be subject to review under any prior editions of Rule 9.

- "Equipment acquired for the purposes of research and development, only." This Rule does not apply to equipment which is placed in a health care facility under any arrangement which can be proven to the State Board that it is for research and development purposes only. However, if the conditions upon which the equipment is placed include a provision for the equipment to be acquired at any time for purposes other than research and development, the a permit must be obtained at that time if the particular equipment is then classified as TIE or the program involved classified as an Innovative Program.
- 9.04.03 "Declassification of TIE and Innovative Programs." When particular TIE or Innovative Programs are declassified by action of the State Board, pending applications for permit will then be deemed no longer subject to this Rule. Applicable sections of Rules 3 or 3B will then apply.
- "Review of applications under other Rules of the State
 Board." Applications for permit for equipment and programs
 classified under this Rule shall be reviewed under applicable
 review criteria sections of Rule 3 or Rule 3B and Rule 11
 or Rule 11B. For purposes of this Rule, equipment or
 programs which otherwise would be classified nonreviewable,
 shall be evaluated under Rule 3 or Rule 3B criteria (whichever is applicable) when such equipment or programs are
 classified as TIE or Innovative Programs by the State
 Board. Applications shall also be reviewable under Rule
 11 or Rule 11B (financial and economic feasibility), when
 such applications would be subject to review under these
 Rules.

9.05 PROCEDURES FOR CLASSIFICATION OF TIE AND INNOVATIVE PROGRAMS

- 9.05.01 As new equipment or programs that are potentially TIE or Innovative Programs become known to the State Board, the State Board shall determine whether or not to classify them as TIE or Innovative Programs. Action thus taken shall be effective only until the appropriate Committee (as defined in Section 9.03.06) makes its recommendations to the State Board. The State Board shall then determine whether or not to continue the TIE or Innovative Program classification for the particular equipment or program and to adopt guidelines for review of such TIE or programs.
- 9.05.02 The Executive Secretary shall be responsible for maintaining a current list of equipment on TIE status and all programs

currently classified as Innovative Programs. Such list shall be provided to the State Board, Health Systems Agencies, hospitals and hospital associations in the state, local and state medical societies, all other concerned health facilities, and shall be made available to other parties on request.

9.06 DUTIES AND RESPONSIBILITIES

- 9.06.01 "Duties and Responsibilities of the TIE or Innovative Programs Committee." The TIE or Innovative Programs Committee (hereafter designated as the Committee in this Section):
 - (a) shall recommend to the State Board whether the particular equipment or program referred to the committee for study should be classified as TIE or an Innovative Program as defined in Rule 9.03.01 or 9.03.02.
 - (b) shall recommend to the State Board, the guidelines for initial introduction of TIE or Innovative Programs, in an orderly and economic manner and for subsequent appropriate phase-in of additional equipment or programs (if applicable), including:
 - the appropriate number of acquisitions of the TIE or Innovative Programs to be approved initially; and the number of such acquisitions to be approved for each Health Service Area or combination of such areas;
 - (2) the appropriate medical and related services which any health care facility proposing to acquire such TIE or Innovative Programs should have available in order to make effective and appropriate use of such equipment or programs;
 - (3) the reporting data which each health care facility acquiring such equipment or programs must furnish to the State Board and to the committee, and which each health care facility having such equipment or programs will be requested to furnish.
 - (4) the guidelines for determining when additional acquisitions of such TIE or Innovative Programs should be approved and the number of such for each Health Service Area or combination of such areas. Guidelines developed under this Rule are not to be construed to be standards, criteria or

plans as referred to in the Act. They are not subject to public hearing nor are they to be filed with the Secretary of State under "An Act in relation to rules." The Committee may conduct public meetings to receive comment on the guidelines and is encouraged to do so.

- (c) shall provide a status report to the State Board at least within each 90 day period following the date the equipment or program was initially classified as TIE or as an Innovative Program. Such report may include a recommendation of the date on which the TIE or Innovative Program classification of particular equipment or programs thereafter not be subject to this Rule.
- (d) shall develop record and report forms and instructions for their use.
- (e) shall consult with the State Agency in the development of the application for permit form and instructions.

When equipment is initally classified as TIE or as an Innovative Program, the State Agency shall develop, and provide to health care facilities, an initial application for permit form and pertinent instructions. Subsequent to its appointment, the Committee shall consult with the State Agency in the development of a permanent form and instructions.

(f) should seek and consider information from sources it considers to be informed on the particular matter, such as manufacturers, researchers, physicians and other health care professionals and other interested and informed parties when carrying out its duties and responsibilities.

The Committee shall base its recommendation for declassification upon information and data it finds valid. The Committee shall seek and review information and data useful for purposes of declassification from manufacturers, researchers in medical and other sciences, physicians and other health care and hospital administration professionals and other interested parties. The State Board will consider and act on such recommendation. Its action shall be publicized by the Executive Secretary.

9.06.02 "Duties and Responsibilities of the State Board." The State

- (a) shall consider and act on the recommendations of the progress reports submitted not less often than semi-annually provided by the individual TIE and/or Innovative Programs Committees which may include recommended dates for declassification of particular equipment or programs. The action of the State Board shall be publicized by the Executive Secretary.
- (b) shall review and approve the reports of each individual TIE and Innovative Programs Committee.
- (c) shall consider the recommendations of the TIE or Innovative Programs Committee concerning the appropriate medical services (if applicable) that a health care facility should have available if it is to be approved to acquire the TIE and/or Innovative Program.
- (d) may request and authorize the State Agency to specify where TIE and/or Innovative Programs shall be located within a Health Service Area, if, the recognized areawide health planning organization has not specified where such equipment or programs shall be located, within 90 days after the receipt of its request to so specify.
- 9.06.03 "Duties and Responsibilities of the Areawide health planning organization (as defined in Section 9.03.07)." The areawide health planning organization:
 - shall be notified when the guidelines for acquisition (a) of initial and additional TIE and/or Innovative Programs, as recommended by the appropriate committee and approved by the State Board (see Section 9.06.02(b) and Section 9.06.01(b)(4), have been met. The areawide health planning organization will then determine and specify where such TIE and/or Innovative Programs shall be located within its area. Such determination shall be made based on applicable review criteria and with participation which includes; the health care facilities or representatives of organizations of such facilities; and the clinicians directly concerned with the use of the particular TIE or Innovative Program or representatives of local organization representing the physicians of the community and, in the matter of Innovative Programs, any recognized specialists or authorities.

The recognized areawide health planning organization must also consider the following multi-institutional planning guidelines in determining the specified locations:

- (1) the relationship of the proposed equipment or program to the Institutional Master Plans of the applicable health care facilities located in the Service or Planning Area or in the Health Service Area. (The appropriate Committee shall have set forth the size and/or range of population of the area the areawide health planning organization shall relate to on this matter.)
- (2) the availability of health manpower for operation of the proposed TIE or Innovative Program and that the use of available manpower for this purpose will not adversely affect other health care facility operations.
- (3) the organizational relationship of the proposed TIE or Innovative Program to relevant services which are organized on a Service or Planning Area or a Health Service Area basis (or ought to be so organized), such as, but not limited to, Emergency Medical Services and Trauma Networks, and End-Stage Renal Disease Networks.
- (4) the special needs and circumstances of those entities which provide (or will provide) a substantial portion of their services or resources, or both, to individuals not residing in the Health Service Area in which the entities are (or will be) located or in adjacent Health Service Areas and, where applicable, services to be provided on a multi-stage or national basis shall be considered. Such entities may include medical and other health professional, schools, multi-disciplinary clinics and specialty centers, as well as health care facilities.
- (5) the special needs and circumstances of biomedical and behavioral research projects which are designed to meet a national need and for which conditions in a particular Health Service Area offer special advantages.
- (b) shall specify the location of such TIE or Innovative Programs with 90 days of receipt of its request to do so. If the areawide health planning organization does not do so within the 90 days alotted, the State Board may determine that said agency has not fulfilled its responsibility and may then request and authorize the State Agency to make such specification.

- (c) shall conduct a Project Review in conjunction with review criteria specified in Section 9.07.
- 9.06.04 "Duties and Responsibilities of the State Agency." The State Agency:
 - (a) shall, on behalf of the State Board, require health care facilities whose applications for permit to acquire TIE or Innovative Programs are approved by the State Board under this Rule, to provide such reasonable reports at such times and containing such information as is needed by the State Board to enable it to carry out its responsibilities of declassification of TIE and Innovative Programs under this Rule. The Agency shall also request such information from health care facilities, if any such exist, that are utilizing TIE acquired prior to the particular equipment having been classified TIE or that have established programs having been classified as Innovative Programs.

All health care facilities receiving permits to acquire TIE or Innovative Programs shall be required to make reports or allow reports to be made, of the use of such equipment or programs. Reports may be required as frequently as every three months. Section 13 of the Act provides for requiring all health care facilities operating in Illinois to provide such reasonable reports at such times and containing such information as is needed to carry out the purposes and provisions of the Act (see Section 9.01.01(d)).

- (b) shall, for any Health Service Area for which there is no recognized areawide health planning organization (as defined in Section 9.03.07), perform the functions and make the recommendations to the State Board required by this Rule (see 9.06.03).
- (c) shall designate the location of the TIE or Innovative Programs as designated by the appropriate committee (see Section 9.06.01(b)(1), provided that, the recognized areawide health planning organization has not specified where such TIE or Innovative Programs shall be located within 90 days of its receipt of the request to do so (see Section 9.06.03(a)), and the State Board has determined that said agency has not fulfilled its responsibility and has requested and authorized the State Agency to make such specification.

(d) shall develop, in consultation with the TIE or Innovative Programs Committee, the application for permit form and instructions.

When equipment is initally classified as TIE or as an Innovative Program, the State Agency shall develop, and provide to health care facilities, an initial application for permit form and pertinent instructions. After appointment of the TIE or Innovative Programs Committee, the State Agency shall act as a consultant to the Committee in the development of a permanent form and instructions.

9.07 CRITERIA FOR APPROVAL OF APPLICATIONS FOR PERMIT FOR TIE AND INNOVATIVE PROGRAMS

Applications involving actual or potential TIE or Innovative Programs shall not be reviewed or approved by the State Board until such time as the State Board has adopted guidelines developed by the appropriate TIE or Innovative Program Committee or has determined that such project does not involve TIE or Innovative Programs and is not subject to this Rule.

It should also be noted that for those projects which are determined to involve TIE or Innovative Programs, no application for permit for TIE or Innovative Programs will be approved in any Health Service Area until the recognized areawide health planning organization (or State Agency, as the case may be) has specified the location or locations of such number of TIE acquisitions or Innovative Programs as will meet the need specified by the appropriate Committee in accordance with Section 9.06.01 and as approved by the State Board. The State Board considers that the criteria set forth in the "modernization" and "financial feasibility" sections of the current Plans of the State Board are applicable and has adopted the following guidelines for their use in reviewing applications for permit.

Each application for permit shall be evaluated as to its compliance with the applicable criteria set forth in Rule 3 or Rule 3B and must receive a positive evaluation in order to be approved. The application shall also be evaluated for compliance with applicable sections of Rule 11 or Rule 11B. With regard to an application for permit for TIE and/or Innovative Programs, the following guidelines shall be used to evaluate compliance with those applicable criteria of Rules 3 or 3B and Rules 11 or 11B:

(a) Project Need. The proposed project is needed to meet the health service requirements of the community, service or planning area as defined by the appropriate TIE or Innovative Programs Committee.

- (b) Project Location. An application for permit will be approved, only if the existing or proposed facility has been specified by the recognized areawide health planning organization (as defined in 9.03.07) as the health care facility to be approved to acquire the TIE or, in the case of Innovative Programs, in the facility or geographic area designated as the area or facility in which the program is to be established (see 9.06.03(a)).
- (c) Appropriate Medical Services. A particular application for permit will be approved only if the applicant facility has available the appropriate medical services as recommended by the appropriate TIE or Innovative Programs Committee (see 9.06.02(b)(2)).
- (d) Multi-institutional Systems. The proposed project must result in the establishment of a multi-institutional system with regard to the utilization of each TIE or Innovative Program to the extent specified by its Committee to be appropriate and feasible.

In its actions upon applications for permit for TIE or Innovative Programs, the State Board shall follow the determination of location made by the recognized areawide health planning organization (or State Agency, as the case may be), providing the State Board finds that the recognized areawide health planning organization or State Agency has considered multi-institutional planning guidelines as listed in Section 9.06.03(a) in determining the specified locations.

- (e) The proposed capital expenditure to acquire the TIE or to establish the Innovative Program is financially and economically feasible.
- (f) In addition, the proposed project will be reviewed under review criteria in the applicable sections of Rule 3 (Section 3.05) or Rule 3B (Section 3B.06).

ILLINOIS DEPARTMENT OF PUBLIC AID -

RULE ON ASSISTANCE PROGRAM RESTRICTIONS

The Illinois Department of Public Aid, pursuant to the Illinois Public Aid Code, Illinois Revised Statutes, Chapter 23, Sections 3-1, 4-1, 6-1 and 6-1.3 has filed an Emergency Rule effective January 25, 1978, replacing Rule 3.02, Assistance Program Restrictions.

The rule change authorizes continuation of General Assistance payments to a General Assistance recipient who has applied for categorical assistance during the time the application is pending so long as the recipient meets all other general assistance eligibility requirements.

The text of the Emergency Rule is as follows:

RULE 3.02 ASSISTANCE PROGRAM RESTRICTIONS

AABD, AFDC, MANG

An individual shall not receive assistance under more than one categorical assistance program at any one time.

An individual shall not receive assistance in more than one case under a categorical assistance program at any one time with the following exception: an individual who is currently receiving assistance from another state, but has established residence in Illinois in accordance with residency requirements may be eligible for a supplement up to an amount equal to the assistance payment level in Illinois if there is a deficit of \$1.00 or more.

An individual shall not receive assistance under a categorical assistance program and a general assistance program at any one time. However, this does not preclude a general assistance recipient from applying for categorical assistance. However, a recipient of general assistance shall be provided the opportunity to apply for categorical assistance and shall continue to receive general assistance, if all other eligibility requirements are met, until there has been a determination of eligibility for and authorization of categorical assistance.

Assistance for an eligible child placed in foster care shall not be issued under the AFDC-F and the AFDC-R/AFDC-U programs at the same time. A foster parent who is a specified relative of an eligible foster child, and in whose care the child is placed, may choose to receive assistance for the eligible child under either the AFDC-R/AFDC-U or the AFDC-F program.

RULE 3.02 ASSISTANCE PROGRAM RESTRICTIONS (CONT.)

GΑ

Applicants who appear eligible for assistance under the Categorical Assistance or federally assisted (Refugee/Repatriate) programs shall be referred to the appropriate office of the county department of Public Aid.

If a client is potentially eligible for any of the Categorical Assistance programs, and by choice fails to take advantage of these benefits, this shall preclude eligibility for General Assistance by the applicant, or any of the client's dependents whose eligibility is contingent upon the applicant's compliance.

If an individual has made application for Categorical Assistance, and is requesting General Assistance while the AFDC, AABD or SSI application is pending, the applicant shall not be eligible to receive General Assistance until a determination of ineligibility for Categorical Assistance or SSI has been made.

No individual eligible for categorical assistance shall receive assistance under the General Assistance program at the same time he is receiving AMI, Categorical Assistance, Assistance through the Refugee/ Repatriate Programs, or Supplemental Security Income (SSI). However, a recipient of general assistance who has applied for categorical assistance shall continue to receive general assistance, if all other eligibility requirements are met, until there has been a determination of eligibility for and authorization of categorical assistance.

IMA

An applicant for Assistance to the Medically Indigent who may be eligible for one of the federally-aided programs is required to file an application for such assistance. Persons shall not receive benefits under the AMI program which they would receive under another form of assistance at the same time they are receiving GA, Categorical Assistance, assistance through the Refugee/Repatriate Program, or Supplementary Security Income (SSI).

Food Stamps

The following persons shall be considered ineligible household members for food stamp purposes: roomers, boarders, roomer/boarders, live-in-attendents or housekeepers, students who are tax dependents of ineligible households, ineligible aliens. No individual may participate in the food stamp program as a member of more than one household at any given time. No household is eligible for more than one monthly coupon allotment in any effective month.

ILLINOS DANGEROUS DRUGS COMMISSION - NOTICE OF PROPOSED RULEMAKING: ADOPTION OF SCHEDULES OF CONTROLLED SUBSTANCES OF THE ILLINOIS CONTROLLED SUBSTANCES ACT.

The Illinois Dangerous Drugs Commission proposes to adopt Rules and Regulations promulgated in accordance with the provisions of Article II of the Illinois Controlled Substances Act (Ill. Rev. Stat., Ch. 56½, Sec. 1200 et. seq.). This proposed adoption incorporates the statutory changes in these Schedules effected by P.A. 80-472 as well as an administrative addition to Schedule V of the Act, effective December 12, 1977. This adoption makes no changes in the statutory Schedules currently in effect except for the technical correction of six (6) spelling errors of controlled substances contained in P.A. 80-472. This adoption further meets the requirements of Section 213 of this Act, which requires that the Commission revise and republish these Schedules annually. Upon the adoption of said Rules the emergency Rule effective February 1, 1978, shall be revoked.

If any interested persons wish to present their views concerning this proposed Rule, they may do so by sending written comments to the attention of:

Jean C. Kerst
Administrative Assistant
Dangerous Drugs Commission
300 N. State Street, Suite 1500
Chicago, Illinois 60610

The Commission will consider all written comments received by the Commission within 45 days, beginning on the date of publication of this Notice.

RULES PRESCRIBED BY THE ILLINOIS

DANGEROUS DRUGS COMMISSION

Pursuant to Article II of the "Illinois Controlled Substances Act" effective August 16, 1971, as amended.

ARTICLE II

General

- 100. The effective date of these Rules is February 1, 1978. Any previous Rules issued under the authority of Article II of the Act are hereby superceded insofar as they are inconsistent with these Rules. These Rules include the reflection of designations, rescheduling and deletions of controlled substances made under Federal Law up to June 17, 1977.
- 101. "Act" as used in these Rules means the "Illinois Controlled Substances Act," effective August 16, 1971, as amended.
- 102. The definitions contained in Section 102 of the Act are applicable herein, unless the context otherwise requires.

ARTICLE II

Schedules of Controlled Substances

- 201. Designated products the Commission finds that the Controlled Substances listed in Schedule II (Rule 206) including the narcotic drugs, substances containing amphetamine or methamphetamine, opiates, & methaqualone require use of an official prescription blank for dispensation.
- 202. The controlled substances listed or to be listed in the schedules contained in these Rules are included by whatever official, common, usual, chemical or trade name designated.
- 203. Schedule I Criteria. The Commission finds that the substances enumerated in Schedule I following meet the criteria established in Section 203 of the Act.

Schedule I Enumeration 204.

- (a) The controlled substances listed in this section are included in Schedule I.
- (b) Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers and salts is possible within the specific chemical designation:
 - Acetylmethadol; (1)

Allylprodine; (2)

- Alphacetylmethadol;
 Alphameprodine; (3)
- (4)
- Alphamethadol; (5)
- Benzethidine; (6)
- Betacetylmethadol; (7)
- Betameprodine; (8)
- Betamethadol; (9)
- (10) Betaprodine;
- (11) Clonitazene;
- (12) Dextromoramide
- (13) Diampromide;
- (14) Diethylthiambutene;
- (15) Difenoxin;
- (16) Dimenoxadol;
- (17) Dimepheptanol
 (18) Dimethylthiambutene;
- (19) Dioxaphetyl butyrate
- (20) Dipipanone;(21) Ethylmethythiambutene;
- (22) Etonitazene;
- (23) Etoxeridine;
- (24) Furethidine;
- (25) Hydroxpethidine;
- (26) Ketobemidone;
- (27) Levomoramide;
- (28) Levophenacylmorphan;
- (29) Morpheridine;
- (30) Noracymethadol;
- (31) Norlevorphanol;
- (32) Normethadone;
- (33) Norpipanone;
- (34) Phenadoxone;

- (35) Phenampromide;
- (36) Phenomorphan;
- (37) Phenoperidine;
- (38) Piritramide;
- (39) Proheptazine;
- (40) Properidine
- (41) Propiram
- (42) Racemoramide;
- (43) Trimeperidine;
- (c) Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers and salts of isomers is possible within the specific chemical designation:
 - (1) Acetorphine
 - (2) Acetyldihydrocodeine;
 - (3) Benzylmorphine;
 - (4) Codeine methylbromide;
 - (5) Codeine-N-Oxide;
 - (6) Cyprenorphine;
 - (7) Desomorphine;
 - (8) Diacetyldihydromorphine (Dihydroheroin);
 - (9) Dihydromorphine;
 - (10) Drotebanol;
 - (11) Etorphine (except hydrochloride salt);
 - (12) Heroin:
 - (13) Hydromorphinol;
 - (14) Methyldesorphine;
 - (15) Methyldihydromorphine;
 - (16) Morphine methylbromide;
 - (17) Morphine methylsulfonate;
 - (18) Morphine-N-Oxide;
 - (19) Myrophine;
 - (20) Nicocodeine;
 - (21) Nicomorphine;
 - (22) Normorphine;
 - (23) Pholcodine;
 - (24) Thebacon;
- (d) Unless specifically excepted or unless listed in another schedule, any material compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers and salts of isomers, whenever the existence

of such salts, isomers, and salts of isomers is possible within the specific chemical designation. (For the purposes of this paragraph only, the term "isomer" includes the optical, position and geometric isomers):

(1) 3, 4-methylenedioxyamphetamine (alphamethyl, 3, 4-methylenedioxy-phenethylamine, methylenedioxyamphetamine, MDA):

(2) 3-methoxy-4, 5-methylenedioxyamphetamine, MMDA:

(3) 3, 4, 5-trimethoxyamphetamine (TMA):

(4) 5-hydroxydimethyltryptamine (Bufotenine);

(5) Diethyltryptamine (DET):(6) Dimethyltryptamine (DMT):

(7) 4-methyl, 2, 5-dimethoxyamphetamine (DOM, STP):

(8) Ibogaine;

(9) Lysergic acid diethylamide;

(10) 3, 4, 5-trimethoxyphenethylamine (Mescaline);

(11) Peyote;

(12) N-ethyl-3-piperidyl benzilate (JB 318);

(13) N-methyl-3-piperidyl benzilate;

(14) Psilocybin

(15) Psilocyn;

(16) Alpha-methyltryptamine (AMT);

(17) 2, 5-dimethoxyamphetamine (2, 5-dimethoxy-methylphenethylamine; 5-DMA);

(18) 4-bromo-2, 5-dimethoxyamphetamine (4-bromo-2, 5-dimethoxy-a-methylphenethylamine; 4-bromo-2, 5-DMA);

- (19) 4-methoxyamphetamine (4-methoxy-a-methylphenethylamine; paramethoxyamphetamine;
 PMA);
- (20) Thiophene analog of phencyclidine (TPCP).
- (e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:
- (1) mecloqualone.

205. Schedule II -Criteria. The Commission finds that the substances enumerated in Schedule II following meet the criteria established in Section 205 of the Act.

206. Schedule II -Enumeration.

- (a) The controlled substances listed in this section are included in Schedule II.
- (b) Unless specifically excepted or unless listed in another schedule, any of the following substances whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:
- (1) Opium and opiates, and any salt, compound, derivative or preparation of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, naloxone, and naltrexone, and their respective salts, but including the following:

(1) Raw Opium

(2) Opium extracts;

- (3) Opium fluid extracts;
- (4) Powdered opium;
- (5) Granulated opium;
- (6) Tincture of opium;
- (7) Codeine;
- (8) Ethylmorphine;
- (9) Etorphine Hydrochloride;
- (10) Hydrocodone;
- (11) Hydromorphine;
- (12) Metopon;
- (13) Morphine;
- (14) Oxycodone;
- (15) Oxymorphone;
- (16) Thebaine.
- (2) any salt, compound, isomer, derivative or preparation thereof which is chemically equivalent or identical with any of the substances referred to in subparagraph (1), but not including the isoquinoline alkaloids of opium;
 - (3) Opium poppy and poppy straw;

- (4) Coca leaves and any salt, compound, derivative, or preparation thereof which is chemically equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions of coca leaves, which extractions do not contain cocaine or ecgonine;
- (5) Concentrate of poppy straw (the crude extract of poppy straw in either liquid, solid or powder form which contains the phenanthrine alkaloids of the opium poppy).
- (c) Unless specifically excepted or unless listed in another schedule any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, whenever the existence of these isomers, esters, ethers and salts is possible within the specific chemical designation, dextrorphan excepted:
 - (1) Alphaprodine;
 - (2) Anileridine;
 - (3) Bezitramide;
 - (4) Dihydrocodeine;
 - (5) Diphenoxylate;
 - (6) Fentanyl;
 - (7) Isomethadone;
 - (8) Levomethorphan;
 - (9) Levorphanol (Levorphan);
 - (10) Metazocine;
 - (11) Methadone;
 - (12) Methadone-Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl-1-butane;
 - (13) Moramide-Intermediate, 2-methyl-3-morpholinol, l-diphenylpropanecarboxylic acid;
 - (14) Pethidine (meperidine);
 - (15) Pethidine-Intermediate-A, 4-cyano-l-methyl -4-phenylpiperidine;
 - (16) Pethidine-Intermediate-B, ethyl-4-phenylpiperidine-4-carboxylate;
 - (17) Pethidine-Intermediate-C, l-methyl-4-phenyl-piperidine-4-carboxylic acid;
 - (18) Phenazocine;
 - (19) Piminodine;
 - (20) Racemethorphan;
 - (21) Racemorphan;
- (d) Unless specifically excepted or unless listed in another schedule, any material, compound,

mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

- (1) Amphetamine, its salts, optical isomers and salts of its optical isomers;
- (2) Methamphetamine, its salts, isomers, and salts of its isomers.
- (e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:
 - (1) Methaqualone;
 - (2) Amobarbital;
 - (3) Secobarbital;
 - (4) Pentobarbital;
- 207. Schedule III -Criteria. The Commission finds that the substances enumerated in Schedule III following meet the criteria established in Section 207 of the Act.

208. Schedule III -Enumeration

- (a) The controlled substances listed in this Section are included in Schedule III.
- (b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, (whether optical position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation;
 - (1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations were listed on

August 25, 1971, as excepted compounds under Title 21, Code of Federal Regulations, Section 308.32, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

- (2) Benzphetamine;
- (3) Chlorphentermine;
- (4) Clortermine;
- (5) Mazindol;
- (6) Phendimetrazine;
- Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances having a potential for abuse associated with a stimulant effect on the central nervous system:
 - (1) phenmetrazine and its salts;
 - (2) methylphenidate.
- (d) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system:
 - (1) Any compound, mixture, or preparation containing amobarbital, secobarbital, pentobarbital or any salt of any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;
 - (2) Any suppository dosage form containing amobarbital, secobarbital, pentobarbital or any salt of any of these drugs and approved by the Federal Food and Drug Administration for marketing only as a suppository;
 - (3) Any substance which contains any quantity

of a derivative of barbituric acid, or any salt thereof:

- (4)Chlorhexadol;
- Glutethimide; (5)
- (6) Methyprylon;
- (7) Sulfondiethylmethane;
- (8) Sulfonethylmethane;(9) Sulfonmethane;
- (10) Phencyclidine;
- (11) Lysergic acid;
- (12) Lysergic acid amide;
- Nalorphine. (e)
- Unless specifically excepted or unless (f) listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof:
- not more than 1.8 grams of codeine, (1)or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;
- not more than 1.8 grams of codeine, (2) or any of its salts, per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active non-narcotic ingredients in recognized therapeutic amounts;
- not more than 300 milligrams of dihydro-(3) codeinone, or any of its salts, per 100 milliliters or nor more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;
- not more than 300 milligrams of dihydro-(4)codeinone, or any of its salts, per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;

- (5) not more than 1.8 grams of dihydrocodeine, or any of its salts per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;
- (6) not more than 300 milligrams of ethylmorphine or any of its salts, per 100 milliliters or nor more than 15 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;
- (7) not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, non-narcotic ingredients in recognized therapeutic amounts;
- (8) not more than 50 milligrams of morphine, or any of its salts, per 100 milliliters or per 100 grams with one or more active, non-narcotic ingredients in recognized therapeutic amounts.
- (f) The Commission may except by rule any compound, mixture, or preparation containing any stimulant or depressant substance listed in subsections (b) and (c) from the application of all or any of this Act if the compound, mixture, or preparation contains one or more active medicinal ingredients having a stimulant or depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a stimulant or depressant effect on the central nervous system.
- 209. Schedule IV Criteria. The Commission finds that the substances enumerated in Schedule IV following meet the criteria established in Section 209 of the Act.

210. Schedule IV Enumeration

- (a) The controlled substances listed in this Section are included in Schedule IV.
- (b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a potential for abuse associated with a depressant effect on the central nervous system:
 - (1) Barbital;
 - (2) Chloral betaine;
 - (3) Chloral hydrate;
 - (4) Chlordiazepoxide;
 - (5) Clonazepam;
 - (6) Clorazepate;
 - (7) Diazepam;
 - (8) Ethchlorvynol;
 - (9) Ethinamate;
 - (10) Flurazepam;
 - (11) Mebutamate;
 - (12) Meprobamate;
 - (13) Methohexital;
 - (14) Methylphenobarbital (Mephobarbital);
 - (15) Oxazepam;
 - (16) Paraldehyde;
 - (17) Petrichloral;
 - (18) Phenobarbital;
 - (19) Prazepam.
- (c) Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position, or geometric,) and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible:
 - (1) Fenfluramine.
- (d) Unless specifically excepted or unless listed in another schedule any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position or

geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Diethylpropion;
- (2) Phentermine.
- (3) Pemoline (including organometallic complexes and chelates thereof).
- (e) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances, including its salts:
 - (1) Dextropropoxyphene (Alpha-(+)-4-dimethylamino-1, 2-diphenyl-3-methyl-2-propionoxybutane).
- (f) The Commission may except by rule any compound, mixture, or preparation containing any depressant substance listed in subsection (b) from the application of all or any part of this Act if the compound, mixture, or preparation contains one or more active medicinal ingredients not having a depressant effect on the central nervous system, and if the admixtures are included therein in combinations, quantity, proportion, or concentration that vitiate the potential for abuse of the substances which have a depressant effect on the central nervous system.
- 211. Schedule V Criteria. The Commission finds that the substances enumerated in Schedule V following meet the criteria established in Section 211 of the Act.

212. Schedule V - Enumeration

- (a) The controlled substances listed in this section are included in Schedule V.
- (b) Any compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, which also contains one or more non-narcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

(1) not more than 200 milligrams of codeine, or any of its salts, per 100 milliliters of per 100 grams;

(2) not more than 100 milligrams of dihydrocodeine; or any of its salts, per 100 milliliters

or per 100 grams;

(3) not more than 100 milligrams of ethylmorphine, or any of its salts, per 100 milliliters or per 100 grams;

(4) not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine

sulfate per dosage unit;

(5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.

- (c) Any compound, mixture or preparation which contains any quantity of any controlled substance when such compound, mixture or preparation is not otherwise controlled in Schedules I, II, III, or IV.
- (d) Loperamide.

213. Excluded Substances

The non-narcotic substances excluded from all schedules of the Federal Controlled Substances Act (21 U.S.C. 801 et. seq.) as of January 1, 1974, pursuant to Section 1308.22 of the Code of Federal Regulations (21 C.F.R. 1308.22), are excluded from all schedules of the Act.

214. The compounds in the form excepted from application of certain specified sections of the Federal Controlled Substances Act (21 U.S.C. 801 et.seq.), the Federal Controlled Substances Import and Export Act (21 U.S.C. 951 et. seq.), and the Code of Federal Regulations, pursuant to Section 1308.32 of the Code of Federal Regulations (21 C.F.R. 1308.32) are excepted from the application of Sections 312 and 313 of this Act.





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